

POLICY AND PROCEDURES FOR THE INITIAL ROLLOUT OF THE VISION SYSTEM



This manual outlines policies and procedures that are different from the FY 2012 Policy and Procedures Manual (P&P) due to the design and functionality of the VISION System. These policies, procedures and instructions are subject to change. New revisions will be released periodically. Your comments and suggestions are welcome as we all learn the new system together and develop policy. This separate manual for VISION system policies will be in effect until the FY 2013 P&P is approved and should be used along with the FY 2012 P&P.

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Clinic Operations Guidance for VISION

A. DEFINITIONS

Additional Endorser (Alternate Endorser)

A second person who represents the WIC participant(s) in qualifying them for eligibility. Must be a parent, legal guardian or caretaker. Additional Endorsers must be designated by the Primary Endorser when both are present in the clinic. Additional Endorsers may designate a Proxy. The Primary or Additional Endorser must be present for certification appointments.

Affidavit

A signed statement used to self declare income, residency or identity when providing documented proof is an unreasonable barrier to service. Used only in certain specified circumstances such as homeless, migrant farm worker, victims of theft or disaster, person who works for cash.

Breastfeeding- Frequency Definitions

See table in Section K.

Check Number

Number printed on the check at the time of issuance. Used to track issuance and redemption information. Found on the check above the first/last dates to use and in the MICR sequence.

Check Stock Inventory Number

Number pre-printed on the check stock for inventory tracking purposes. Found on the check to the left of the “pay exactly” box.

Deferred (Bloodwork)

This icon in the blood screen can be checked if the blood work has been taken or will be taken at another location and the participant doesn’t have the value on the day of certification. The referral form is provided and the remaining days allowed before the blood value must be entered into the computer is displayed as “Remaining Days”, which is initially, 90 days.

Dual

A participant who has more than one participant ID number in the VISION system. Duals may or may not have received multiple benefits.

Endorser (Primary or Additional Endorser)

A person or persons who represent and can sign for the WIC participant(s) in qualifying them for eligibility. Endorsers may make health decisions regarding the participant. Endorsers must be the participant, a parent, legal guardian or authorized caretaker. An endorser must be present for certification appointments.

Primary Endorser

A person who represents the WIC participant(s) in qualifying them for eligibility. Is the original applicant to the program. Must be the participant, a parent, legal guardian or caretaker. May designate an Additional Endorser or Proxy. The Primary or Additional Endorser must be present for subsequent certification appointments.

Provisional Certification

A temporary certification (one month) that may be completed when required proofs are temporarily unavailable. Must be “fulfilled” (proofs provided) within 30 days in order to receive additional food benefits and to avoid automatic termination.

Used Void Code

The “Used” Void Code will not be utilized in the VISION system.

C. CERTIFICATION

- 1] **Rights and Responsibilities Form** – Endorsers and proxies should read the laminated copy of the R&R provided to the clinic (available in English and Spanish). The endorser should then be asked to sign the electronic signature pad. A pre-printed and folded copy of the R&R should be placed into the WIC ID packet, left pocket, behind the Authorized Foods booklet. The endorser should be verbally told that they are being given a copy of the Rights and Responsibilities form like the one that they read and signed for (staff must ensure the revision dates match). The R&R listed in the Print-outs menu of the VISION system will not be used at this time.
- 2] **Verification of Certification (VOC)** – see also transfers. VOCs are accepted from out-of-state transfers and from in-state transfers from clinics using the WICNU system.
- 3] **Additional endorsers** - An additional endorser may be designated by the primary endorser. The additional endorser must also be a parent (mother or father), foster parent, legal guardian, or caretaker. Both endorsers should be present together at the time that the additional endorser is added to the family. Either endorser may bring the children to subsequent certification appointments. Both endorsers have equal rights to make decisions regarding the participant. Both endorsers are held accountable for compliance with the Rights and Responsibilities regardless of which endorser signed the signature pad for the R&R for that certification period. Endorsers are also held responsible for the actions of their proxies. By signing the signature pad each time they receive WIC benefits, endorsers are implying continued agreement with the R&R.

In unusual circumstances such as child abandonment, or the incarceration or incapacitation of the primary endorser, an additional endorser can be approved by the clinic supervisor without the presence of the primary endorser. If possible, clinic staff should acquire the written or verbal permission of the primary endorser. The additional endorser must sign the **General Signature Document** printed from the system describing the circumstances regarding the primary endorser.

If a new ID packet must be issued to the additional endorser, stamp “none authorized” on the first endorser signature line and have the additional endorser sign the ID packet on the line marked “Alternate Endorser Signature”. In circumstances where the endorsers are separated it is allowable for the family to have two ID packets. It is the responsibility of both endorsers to share the checks and ensure the WIC foods are given to the children. WIC staff should not get involved in custody disputes.

- 4] **Proxies** – A proxy may be designated by the primary or additional endorser. Up to two proxies may be designated per family. Proxy designation is accomplished by either the proxy being present with the endorser at the clinic and both signing the

ID packet; or, an endorser sending a written note with the proxy to the clinic giving them permission to become a proxy and pick up and redeem checks. If the proxy was not present to sign the endorser's ID packet at certification, a new ID packet can be issued to the proxy. The proxy signs the proxy signature line and "none authorized" is stamped on the endorser lines. Proxies must read the R&R before acting as a proxy and at each certification period. By signing the signature pad to pick up WIC benefits, proxies are implying agreement with the R&R. Proxy designation does not expire at the end of the certification period but may be revoked at any time by an endorser.

In unusual circumstances such as child abandonment, or the incarceration or incapacitation of the endorser(s), a proxy can be approved by the clinic supervisor without the presence or written permission of the endorser(s). Clinic staff should attempt to contact the endorser(s) if possible. The proxy must sign a General Signature Document printed from the system describing the circumstances regarding the endorser(s). The clinic supervisor should consider if a single month of check issuance is appropriate in the situation.

- 5] **Proof temporarily unavailable (provisional certification)** - Staff verbally questions the applicant about why they are unable to provide the required proof and about their ability to obtain it. Staff may suggest other forms of acceptable proof that the applicant may have or may easily be able to obtain. If it is determined that the required proof is temporarily unavailable to the applicant, a provisional certification is completed. Provisional Certification will be made available by the system in the certification screen when one of the required proofs is left blank (if an identity, residency, income or adjunct eligibility record is not created).

The applicant must sign the **Signed Statement** printed from the VISION system stating why they are unable to provide this proof. Once completed, this signed statement must be scanned into the computer. (The Proof Not Available Form is no longer used).

When Certify-Provisional is selected, the system will allow the participant to be issued one month of checks but will require proof before additional checks are issued. One month issuance of checks is defined as the current month whether this is a full or partial month. Provisional certifications must be "fulfilled" i.e. proofs must be brought in within one month; otherwise the participant will be terminated automatically by the system.

Local agencies may choose to use provisional certification when the applicant forgot to bring proof, but checks are not printed until the proof is brought in to the clinic. If checks are not being provided the Signed Statement is not required.

In order for provisional certifications to be completed, at a minimum the following must be completed:

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- In the Identity panel, “physically present” must be marked.
- In the Contact/Address panel, the participants address must be entered (even if no proof was provided).
- In the Income/Residency panel, household size must be input.

Provisional Certification is not possible nor allowed for transfers. In state and out of state transfers must provide proof of identity and residency.

- 6] **Proof not available - unreasonable barrier (affidavit)** – See P&P Sections C.4 and/or C.5 to determine when it is appropriate to use “affidavit” to certify an applicant without one of the required proofs; residency, identity or income. It must be unreasonable for the applicant to be able to provide proof. Typically this is only used for victims of a disaster, or homeless, migrant or an individual who works for cash. Applicants who are unable to provide proof of identity or residency require state approval to use the affidavit. Applicants who are unable to provide proof of income require clinic director approval to use the affidavit.

The applicant must self declare the information for the missing proof. The applicant must sign the **Signed Statement** printed from the VISION system. Once completed, this signed statement must be scanned into the computer. (The Proof Not Available Form is no longer used). The type of proof selected in the VISION system’s drop down menus should be “affidavit” and the applicant must sign the affidavit on the signature pad. A regular certification is completed and three months benefits may be issued.

- 7] **Proof of guardianship or caretaker** - Unless an expiration date or timeframe for custody is listed on the proof of guardianship/caretaker, it does not expire. While this proof is required at each certification, the proof may be the same document that was provided for a previous certification period so long as the document remains current and valid. Such documents may be scanned into the computer so that the electronic copy can be used as proof at subsequent certifications.

When a non-parent is the endorser for the family this should be noted in the Comment/Alerts so this proof can be reviewed at certification appointments. If the proof will expire, this should be marked as an alert so the need to bring this proof at subsequent certifications is visible on the screen.

- 8] **Proof of guardianship or caretaker not available** - In the event that an applicant, who is a non-parent guardian or caretaker of a child, does not bring proof of guardianship or caretaker to the initial certification appointment, the **General Signature Document**, printed from the VISION System, may be used to document the reason the proof was not provided (The Proof Not Available Form is no longer used). The certification may be completed but only one month’s checks may be issued. This proof will be required to obtain subsequent month’s checks. The system will not automatically restrict to allow only the first month’s issuance; for this reason, this must be done by the staff member printing the checks.

As listed in current policy, in the event it is unreasonable for the guardian or caretaker to bring these proofs, they may sign a written statement in the WIC office on the **General Signature Document** printout declaring they are caring for the child and explaining the circumstances under which they became the caretaker and cannot provide these proofs. This should only be used in unusual circumstances such as: the parent has abandoned the child, is incarcerated, incapacitated etc. The Clinic Director must approve the situation. A regular certification is completed and three months benefits may be issued.

- 9] **Income** - In the income screen, add a row for each different source of income in the household, including each job. The “source” field refers to how the household earns the income. The drop down list offers several choices for income sources, each of which are considered to be income under WIC definitions.

The “proof” field documents how the applicant proved income eligibility. This could be items such as check stubs, letter from employer etc. For families who are adjunctively eligible, the proof selected should be the program which provided the adjunctive eligibility i.e. Medicaid (Title XIX), Food Stamps, Family Employment Program (TANF). The adjunct eligibility link should be completed to document proof of adjunctive eligibility (see section C.13 below).

The “amount” field refers to the amount of income earned from each source. This can be determined from the pay stubs provided, or it may be self declared by those applicants who brought proof of adjunctive eligibility. In the amount field, the amount entered should be the average of the pay stubs provided for that job. For example; if an applicant who is paid semi-monthly brought in two pay stubs, showing amounts of \$500 and \$700 the amount entered would be \$600 (the average of the two checks). The pay period would be input as semi-monthly. The system will automatically convert and add all income sources together to give a total income amount to determine eligibility.

The income calculator feature of the VISION system was designed to help calculate irregular income, such as when an applicant works only a few weeks per month etc. It should only be used in these circumstances. If the income calculator is used to calculate regular income, the calculations in this function will not properly convert the income to monthly or annual amounts, and could result in an applicant qualifying who should not. **Do not use the income calculator unless you understand how to use it for the intended purpose.**

Foster Children are a separate economic unit with a household size of 1. Income/adjunct eligibility records are separate from any other family applicants. If the foster child does not have proof of adjunct eligibility, an income record can be added and the proof would be the foster letter. If the foster letter indicates that the child has no income, a “0” (zero) may be entered as the income amount. The Signed Statement form does not need to be filled out.

- 10] **Zero Income** - Staff must verbally discuss the applicant's household income situation with the applicant. If it is determined that the applicant is not receiving monies considered to be income according to WIC definitions, the applicant must complete the zero income and signature portions of the **Signed Statement** printout. (The Proof Not Available/Zero Income Statement form is no longer used). This signed document must be scanned into the computer.

In the VISION system's drop down menus "No Income" is selected as the source, and "0 Income Signed Statement" is selected as the proof. A zero "0" is entered as the amount, the period is monthly. A comment should be written in the note box with the date the applicant expects to receive income if any. For example; "*income expected 4/15/11*". If it is expected that the applicant will have income before the next benefit issuance then the applicant should be told to bring proof of income to the next appointment. This should be noted in the **Comment/Alerts** and marked as an **alert** so that staff knows to ask the client about income.

- 11] **Transfers** -
Transfers out- A hard copy Verification of Certification (VOC) must be issued to any participant who notifies the clinic they are moving out of state.

Transfers in- Transfers into the clinic from out of state will require a VOC. If a VOC form is not provided by the client, contact the clinic the person is transferring from to request a VOC via fax or email. Input the information required from the VOC into VISION. The VOC form does not need to be scanned into VISION.

VOCs are only used for out of state transfers. When a VOC is used, a comment should be entered explaining the reason such as "Out of state transfer".

Transfers between VISION clinics do not require a VOC. Follow the procedures within the "Transfer Family" screen of the "Activity" menu in the VISION system to complete the transfer.

Provisional Certification is not possible nor allowed for transfers. In state and out of state transfers must provide proof of identity and residency.

When recertifying a participant with a WIC Status/Application of 'Active – VOC' complete the following steps:

1. Terminate the current certification.
2. Create a new application. This will make the participant 'Pending' with a 'Regular' application type.
3. Complete the certification.

- 12] **Saving scanned documents** – Various hard copy documents will need to be scanned, saved and uploaded into the VISION system. The table below list types of forms that should be scanned if used by the clinic.

Examples of Forms & Letters to be Scanned into VISION system

Name of Form/Letter	Source	Use	Optional/ Required
Alternate Proofs ID Residency Income	Brought in by client	Proof of ID/Residency/Income not normally accepted, but approved on a case by case basis by State staff (Chris/Rick/Lynn) when “other- state approval” is selected on drop down menu.	Required
Breast Pump/Aid Loan Agreement	Pre-printed UCI form	Used when breast pumps or aids are issued.	Optional
Certificate of completion of an online education class	Brought in by client	To document a participant's nutrition education completed outside of the clinic.	Optional
Formula and Food Authorization Form (FAFAF)	Brought in by client	Used when doctors prescribe non-contract formulas. Also must be documented in the “Documentation” link in the food package panel.	Required
General Signature Document	Print-out from VISION System	Is used when clients need to make a signed statement or declaration such as declaring to be the guardian of a child when other type of proof is not available.	Required
Health Data Referral form	Brought in by client	Referral information from Dr.	Optional
Immunizations USIIS Release form	Pre-printed UCI form	When immunizations data is shared with USIIS or Immunizations Program.	Required
Participant Violations Complaints Letters/Copies of Checks	Complaint letters/vendor reply cards sent to clinics by State Office	To be attached to participant records and used for documentation of alleged participant violations.	Required
Participant Written Complaints	Participant's written statements	Documentation of complaints.	Required

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Name of Form/Letter	Source	Use	Optional/ Required
Powdered Formula Waiver	Pre-printed UCI form	Signed by Parent/Guardian of premature infants requesting powdered infant formula.	Required
Proof of Guardian/Caretaker	Brought in by client	Letter from parent, DCFS, or court document that verifies the name of the child's guardian or indicates that a caretaker has permission to be the endorser.	Required
Repayment of benefits letter	Pre-printed UCI form	Used when a repayment is required for a participant violation.	Required
Signed Statement	Print-out from VISION System	Replaces Proof Not Available/Zero Income Form. Is filled out by client when proof is not available and a provisional cert is done or when zero income is reported.	Required
Single-User Electric Breast Pump Release Form	Pre-printed UCI form	Documents pump issuance. Filled out by staff/clients	Required
Print Screen when No Signature Pad is available	Screen printed from PC	When the signature pad malfunctions or is not available	Required

The clinic may choose to save other scanned documents as needed in addition to those listed. Clinic staff will be able to easily view scanned documents to check for expiration dates etc. In most cases, hard copies need not be kept and should be returned to the client or shredded whichever is appropriate.

Scanning of previous documentation from the participant's WICNU paper charts is required only when the documentation is needed and is current and valid.

After conversion to VISION, the current Formula and Food Authorization Form (FAFAF) must be documented in the "Documentation" link in the Food Package panel but it does not need to be scanned. All future copies of these forms brought into the clinic need to be entered into the "Documentation" link and scanned. For clients transferring in from other clinics, a call may be made to the previous clinic to obtain the information from the FAFAF form on file in that clinic. This information should be input in the "Documentation" link. A copy of the form may be requested but is not required.

For scanned and saved documents, the document description in VISION and the file name saved through the scanner software must match. Files will be named consistently statewide. File names will consist of the family ID number followed by a period (.), then the last name of the endorser (max of the first 7 characters) followed by a period, then the descriptor for the type of document. The descriptor will be the bolded word or letters from the list of document titles in the table below. An example file name might be: **98765.smith.FAF** If multiple family members use the same type document, such as foster children or twins, a first initial or up to 4 letters of the first name can be added following the last name in the name of the document to differentiate the documents. This can be done as follows: **559764.jones.a.guard** and **559764.jones.e.guard** or **48796.doe.jane.ref** and **48796.doe.john.ref**.

- 13] **Adjunctive eligibility and self declared income** – If an applicant is participating in Medicaid (also known as Medical Assistance under Title XIX), Food Stamps (also known as the Supplemental Nutrition Assistance Program [SNAP]), or the Family Employment Program (also known as Temporary Assistance for Needy Families [TANF]) this qualifies the applicant, and in some cases the entire family as income eligible for WIC (due to a pregnant woman or an infant participating in Medicaid, or the family participating in the Family Employment Program). Adjunct eligible WIC applicants are not required to prove their income at the WIC clinic because they have already proven their income at the time of enrollment in one of the programs listed above. Adjunct eligible WIC applicants must prove that they are participating in one of these programs.

In the VISION system, click on the Adjunct Eligibility link. Select the appropriate documentation from the Proof dropdown box. Clinic staff now has the option of allowing the client to log into the Department of Workforce Service's *myCase* system to verify their participation in Medicaid, Food Stamps or the Family Employment Program. Mark the appropriate check box for the program in which the person is participating. For Medicaid, check the box entitled "MA(Title XIX)" also enter the Medicaid number. If using Food Stamps for adjunctive eligibility, check the "Food Stamps" box. If using the Family Employment Program for adjunctive eligibility, check the "TANF" box.

Utah WIC Policy requires families who are adjunctively eligible to be asked their estimated household income amount. These families are not required to provide proof of income, but instead must provide proof of current participation in one of the above listed programs. They may then "self declare" the estimated amount of their income. Self declared income is only required when the adjunct eligibility qualifies the entire family for WIC.

If the entire family qualifies for adjunct eligibility (due to a pregnant woman or an infant participating in Medicaid, or the family participating in the Family Employment Program):

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- Click on the “Adjunct Eligibility” link.
- Mark the proper program for the family member(s) who is participating in the adjunct eligibility program (input the Medicaid number if applicable). Other family members not participating in these programs do not need to have anything marked in the adjunct screen.
- Select a proof from the drop down list.
- Close the Adjunct Eligibility window.
- Add a row to the income table.
- Ask the family how they earn their income (i.e. wages, self employed, relative/friend, no income, etc.). Choose the source from the drop down list.
- In the “Proof” drop down list, select the program name providing the adjunct eligibility (i.e. Medicaid Title XIX, Family Employment Program, Food Stamps).
- Ask the family to “self declare” (estimate) their household income amount. Input this amount in the “amount field”.
- Select an income “period” for the amount input.

If one or more family members applying for WIC qualify for adjunctive eligibility, but other family members that are applying are not adjunct eligible (such as children on Medicaid, or some family members on Food Stamps):

- Click on the “Adjunct Eligibility” link.
- Mark the proper program for the family member(s) who is participating in the adjunct eligibility program (input the Medicaid number if applicable).
- Select a proof from the drop down list.
- Close the Adjunct Eligibility window.
- Other family members applying for WIC must provide proof of household income.
- Add a row to the income table.
- Choose the income “source” from the drop down list.
- In the “Proof” drop down list, select the type of proof provided (i.e. paycheck stubs, income tax form etc.).
- Input the income amount shown on the proof(s).
- Select an income “period” for the amount input.
- “Self declared” income is NOT required because “proof” of household income was provided for the other family members.

In the case of a family where one or more persons are individually adjunct eligible and other family members are not, and no other family members are applying for WIC certification at the present time: complete the Adjunct Eligibility screen as described above. It is not required to add a row to the

Income Determination box. (Self declared income is only required when the entire family is adjunct eligible.)

For foster children who are adjunct eligible: complete the Adjunct Eligibility screen as described above. It is not required to add a row to the Income Determination box. Self declared income is not required.

- 14] **Documentation of distribution and explanation of the Authorized Foods booklet** – Each first time applicant should be given a copy of the current WIC Authorized Foods booklet. This booklet should also be given to each family when the booklet has been revised. The booklet and any significant changes must be explained verbally. To document that the booklet and verbal explanation was given, open the “Education and Care” panel and the “Nutrition Education” screen. In the “Pamphlets Provided” box place a check mark in the “Authorized Foods booklet” under Certification Core Contact.
- 15] **Homeless, migrant and refugee documentation** – Staff must check the Homeless, Migrant, or Refugee boxes in the “Physical Address” section of the Contact/Address panel when the applicant claims this status. If staff suspects that the applicant may be part of these populations they must ask the applicant. This data is used for USDA reporting requirements and for processing standards.
- 16] **Processing Standards Documentation** – When a certification appointment is scheduled beyond the processing standard timeframes allowed by policy, the system puts a check mark in the “exceeded” box and requires a reason to be documented. The available reasons are:
- ***Declined offered appointment – Client preference*** - to be used when the client chooses not to accept an appointment offered by clinic staff that is within the processing standard timeframes and requests a later appointment on a more convenient day or time.
 - ***Missed/Reschedule*** - to be used when the reason for exceeding is because the client has missed an earlier appointment or requests an appointment to be rescheduled for a later date.
 - ***No available appointments within processing standards*** - to be used when the clinic does not have any appointments that can be offered to the client within the processing standard timeframes. Selecting this option signifies that the clinic is unable to comply with the processing standards due to the clinic schedule, staffing problems or other factors. Use of this reason will be reviewed at Management Evaluations.
- The system’s automatic check for processing standards compliance only functions properly after the “Physical Address” screen has been completed, including checking “homeless” or “migrant” if applicable, because in some cases the processing standards are different if the applicant is homeless or a migrant. Staff must complete the “Physical Address” screen prior to scheduling an initial certification appointment.

E. FOOD BENEFIT ISSUANCE SYSTEM

- 1] **Check Number** - The VISION computer system check stock will not have a pre-printed check number. This will be automatically printed on the check with the issuance of the check. The check number will print above the first/last dates to use. The check number will also print in the beginning of the MICR sequence (Magnetic Ink Character Recognition). This check number will be used to track redemption data. There will no longer be red/black numbers to match (there will no longer be misnumbering issues).
- 2] **Check Stock Inventory Number** - The check stock will contain a pre-printed inventory number just to the left of the “Pay Exactly” box. This is the large print, black number. This number is specific to each check on the three-check sheet. The inventory number is used by the state for inventory tracking of check stock sent to the clinics and will not be used to identify any redemption data. This number will be used to track check stock placed into the printer.

- 3] **MICR Printer Logs** - For clinics with more than one MICR printer:

MICR Printers must be visibly labeled with the printer name/number. When the clinic loads check stock into each printer, the clinic will maintain a **Check Stock Inventory Printer Log** for each MICR printer in the clinic, documenting the printer number, date, and the first number and the last number of the check stock inventory numbers being loaded into that specific printer. Any time additional check stock is loaded into a printer, the log must reflect the current first and last inventory numbers of the check stock in the printer. This log will be used to identify which printer has a problem in the event that checks are being rejected at the bank due to printing problems.

- 4] **MICR Errors Identified by the State Agency** – If the State Agency identifies that a MICR error has occurred at the bank, the State Agency will contact the clinic that a MICR error has occurred. The clinic will be directed to immediately cease issuing any further new checks until the printer creating the MICR error can be identified. The State Agency will coordinate with the clinic to identify the printer that is causing the problem. Continuation of issuance will be determined by the State Agency.

The clinic staff should ensure that the food instrument/cash-value voucher prescription is appropriate for the participant and printed correctly. If the food item(s), quantity, description, dates or MICR line is not accurate for issuance to the WIC participant, the clinic cannot issue the food instrument/cash-value voucher and the clinic should immediately contact the State WIC office.

WIC clinics must only purchase Troy/HP MICR toner for use in the VISION system Troy/HP MICR printers. Generic or off-brand toner may not be purchased in an effort to save money. Generic toners have been tested and have been found to

have a significant failure rate. The use of generic toner will also void the printer warranty.

When the toner is low (at 16%) a warning message will appear and the printer will stop printing. The toner must be changed to continue printing.

- 5] **Check Stock Inventory and Ordering Process** – The VISION system will only provide an estimated inventory of remaining blank check stock. The system tracks the quantity of checks printed and adds an extra percentage as a wastage factor (currently set at 10%). The system's estimated inventory of blank check stock on hand is shown as the "Current Inventory" on the "LA/Clinic FI Stock Inventory, Summary" screen. Actual physical inventory counts of blank check stock and inventory adjustments must be done at least monthly in order to provide accurate data to state staff that are monitoring check stock inventories and usage. This manual count will be used to adjust the current inventory in the computer system. When the current inventory shown on the screen is lower the actual amount on hand, a positive adjustment is done to add additional inventory to the system so that the current inventory reflects actual inventory. When the current inventory shown on the screen is higher than the actual inventory on hand, a negative (subtraction) adjustment is done to reduce the current inventory in the system.

Inventory adjustment is completed by:

- Physically counting all blank check stock in the clinic. Count only full boxes and full reams in open boxes. It is not necessary to count checks from opened reams already placed into the printer drawer. Full boxes contain 6000 checks (5 reams of 400 sheets, 3 checks per sheet). Full reams contain 1200 checks.
- Open the "Operations" function of the VISION system
- Expand the menu tree "LA/Clinic FI Stock Inventory"
- Click on "Summary"
- Find the "Current Inventory" quantity on the screen. This is the system's estimated inventory.
- On a calculator, subtract the "Current Inventory" figure from the physical inventory you counted. If the physical inventory you counted was higher than the system's estimated "Current Inventory", the result of the subtraction will be a positive number. If the physical inventory was lower than the system's estimated "Current Inventory" the result of the subtraction will be a negative number (-).
- Click "Edit"
- Click "Add Row"
- The adjustment date is today's date.
- In the Quantity box, enter the result of the subtraction problem. Include a minus/negative sign (-) in front of the number if the result was negative.
- In the Explanation box, type "physical count" and include the quantity you counted as a reference (for example: physical count 37,200).

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- Click “save”

This process will adjust the system’s current inventory to reflect true inventory levels as counted. Inventory adjustments can also be made to account for check stock that is damaged and unusable and also for check stock transferred to small satellite clinics (see instructions below). If an inventory adjustment results in a decrease of inventory, enter a negative sign (-) in front of the number. State staff will monitor clinic check stock levels remotely. The inventory in the system will only be accurate if **monthly** physical counts are done. To avoid running out of check stock or to avoid the State sending too much check stock it is imperative that the physical counts be done accurately each **month**.

State staff will set the clinic’s replenishment threshold to the estimated quantity of checks the clinic uses in one month or 1201(full ream +) whichever is greater. In small clinics that also share check stock with a smaller satellite clinic, the replenishment threshold will be set to 2401 (two full reams +). When the quantity of checks remaining in inventory at the clinic falls below the replenishment threshold, the local clinic will automatically see the message that “immediate replenishment is needed”. State staff will monitor the clinic’s inventory of blank check stock and prepare a shipment if needed. A notification letter will be mailed approximately 3 days prior to the expected delivery of the check stock. This letter will contain the quantity of boxes being shipped and the beginning and ending box numbers. Order size will be based on an estimate of the number of boxes the clinic uses in three months or one box whichever is greater.

When shipments are received clinic staff must:

- Go to the “LA/Clinic FI Stock Inventory” menu tree and open the “Shipment Receiving” screen.
- Click the radio button “Shipped Not Received”
- Enter the received date and the box quantity received.
- If less boxes were received than the quantity shipped call the State WIC Office before entering the quantity received.
- As a witness that the check stock was received, a second staff member must go to this screen and click the radio button “Received Not Verified”, click edit, and click verify.
- Once saved, the shipment will be shown when the “Received and Verified” radio button is selected.

There will no longer be a letter accompanying the delivered check stock. Because the verification of receipt of the shipment is done through the system, it will no longer be necessary to mail a signed acknowledgement letter back to the State.

It is not required to use check stock in consecutive order; however, it is recommended to use up check stock from previous orders before using newly delivered check stock as the check stock may undergo periodic design changes.

For small **satellite clinics** that do not normally receive a shipment of check stock from the state, check stock can be transferred from the parent clinic to the satellite clinic. This will require a negative (-) inventory adjustment from the parent clinic and a positive adjustment into the satellite clinic. The parent clinic may assign a quantity of checks to the satellite clinic depending on the need (full boxes contain 6000 checks, full reams contain 1200 checks). Clinic staff that run satellite clinics will be responsible to ensure the satellite clinic always has enough check stock to operate. A replenishment threshold can be set in the satellite clinic to provide a reminder to staff to take additional check stock to the satellite clinic when inventory gets low. The inventory adjustment process is the only process that will add an inventory of checks into a satellite clinic. If this is not completed, when checks are issued from a satellite clinic, it will cause the current inventory to show a negative number because no checks were in inventory to begin with. It would also give a false higher current inventory number to the parent clinic as the system would be unaware of the checks that were taken to the satellite clinic.

- 6] **Tearing of Printed Food Instruments** – The VISION system check stock comes as a 8 ½ x 11 sheet of standard paper with three blank check templates. There are perforation lines between the first and second, and second and third checks. Once the food instruments are printed, the clinic staff will need to tear the sheet into three separate checks. Do not give the participant checks that are attached to each other. When tearing the checks, do not tear more than one sheet at a time. Fold the sheet along the perforation line and tear off each check. If the numbers at the bottom of the check (MICR line) are torn, a new check will need to be printed. Do not cut the checks with scissors or a blade; this could compromise the reading of the MICR line at the bank and cause a rejection.
- 7] **MICR Printers and Security of Check Stock** - For the VISION System MICR printers, the paper tray drawer in the printer will have a lock to secure check stock. The printer drawer will remain locked until such time there is a need to refill check stock or the checks are removed entirely. The clinic may keep the checks in the locked printer drawer during non-business hours provided the door to the area where the printer is kept is locked.

Checks that are not printed because the food package issued uses only one or two checks on the last sheet of the check paper will need to be separated at the perforation line and destroyed by shredding. Do not discard them in the trash intact.

- 8] **No Stapling of Food Instruments** - VISION system food instruments or cash-value vouchers should NOT be stapled together as the actual food instruments cannot have a staple or staple hole that could affect bank processing.
- 9] **Electronic Signature Capture** - Ensure that the endorser or proxy signs for receipt of food instruments or cash-value vouchers through the electronic signature capture in the presence of a clinic staff member (an "+", "X" or "t" is not permitted).

If a signature cannot be obtained, then the clinic staff will choose one of the drop-down menu items to document why the signature was not obtained.

If the electronic signature pad should fail, the clinic staff needs to check all connections to the signature pad. If that does not resolve the problem, the clinic staff should obtain another signature pad within the clinic and plug that into the work station. If that does not resolve the problem, go to another desktop with a signature pad. If the signature cannot be obtained due to equipment malfunction, the clinic staff will print the screen that contains the participant name and food instrument numbers and obtain the signature on the printout. That hard copy with the signature will then need to be scanned into the system for that participant.

- 10] **Void and Issuance for VISION** - Voided VISION checks need not be mailed to the State Office but should be shredded in the clinic the same day they are voided.

There is no void and reissuance of checks similar to WICNU in the VISION system. The check must be voided separately with the proper void code. Then the clinic staff must select the food package and issue the appropriate checks. If the participant is receiving the same food package, only a reprint of checks is required. If the food packages change, a void of the old checks is required before assigning the new food package.

Converted food packages from WICNU **cannot** be printed or reprinted and must be changed to a new model package. (See also Section H., Converted Food Packages.)

Void reason definitions and uses are as follows:

Lost- To be used when the check was reported as lost by the client or stolen from the client.

Stolen- To be used when the printed check was stolen from the clinic prior to being given to the client (someone else took the checks from the clinic). Contact the State WIC Office if this situation occurs.

Reissued FI- To be used only when the VISION system shows that the check has been printed but the printer did not physically print the checks.

In Hand- To be used when the check was returned or is otherwise physically in the possession of the clinic staff. These checks may be shredded after voiding.

Any check that has been redeemed at the store cannot be voided.

- 11] **Reissuance of Lost Food Instruments/Cash-Value Vouchers** – When replacing checks that are lost on the VISION system, the model food package will not

prorate based on the date of reissuance. The VISION system will give the WIC client the originally issued food package replacement regardless of the date of reissuance. Do not manually prorate a lost check reissuance, but allow the WIC client to receive the originally issued food package when reissuing a check that has been reported lost.

12] **Returned Formula** -

In the Returned Formula Panel, select correct participant and add a row. Select formula and enter number of can(s) returned. In the Food Benefits Panel, void non-redeemed FIs for current and future issuance periods as “In Hand”. In the Food Package Panel, select “New” and a new formula food package for the current issuance period. Adjust formula amount for the newly selected food package based on the amount of reconstituted ounces of formula returned.

The adjusted food package to compensate for returned formula must be issued for one month only and separate from future month packages. If the participant has future month food packages that need to be replaced due to a change in formula, those package must be assigned and issued separately from the formula package being issued to compensate the returned formula.

If the returned formula package was originally issued from a full package, then the formula adjustments must be made within the full food package grid. If the returned formula package was originally issued from a 2/3 or 1/3 package, then the adjustments must be made within the 2/3 or 1/3 food package grid, respectively.

In the Food Benefits Panel, print FIs for the current FI issuance period.

The clinic will document returned formula in VISION on the Returned Formula screen. All returned formula will need to be destroyed by the clinic in accordance with the county destruction policy. The destruction must be documented on the Comments/Alerts Screen. The Returned Infant Formula Log no longer needs to be used.

13] **Unused WICNU check stock** – Unused WICNU Check stock (open and unopened boxes) will be returned to the State WIC Office by the State support person stationed in the clinic the first week of roll-out. Clinics should write the clinic name in marker on each box of checks to be returned.

After conversion to VISION, the Unused Check Stock Report printed from WICNU will be resolved by State program staff and the Help Desk including any checks needing to be voided in WICNU. Clinic staff will not be responsible for reviewing this report; however, any checks needing to be voided in WICNU after conversion should be mailed to Rick Wardle along with an explanation.

F. VENDOR MANAGEMENT

- 1] **Vendor Documentation in VISION** – The Local Agency Retail Coordinators will not be documenting the vendor management part of this system.

All current vendor forms will be used as described in the FY 2011 P&P except the clinic has the option of scanning these documents electronically instead of keeping a hard copy. Scanning is highly recommended, as the originals sent to the State office sometimes do not arrive for various reasons. If the State Agency does not receive, a copy of the monitoring/training forms, the requirement will not be considered completed and the local agency/clinic may have to revisit the store.

The local agency/clinic has the option to send electronic copies (PDF format) of all forms by email to the State Vendor Management Coordinator rather than send a hard copy.

G. INELIGIBILITY

- 1] **Letter of Ineligibility** – The pre-printed Letter of Ineligibility form is no longer used. It is replaced by three different print-outs within the system.

- The **Notice of Ineligibility** is manually printed from the “Printouts” drop down menu and given to applicants who are found not to be eligible at the time of application and are not certified. This could be for new applicants or applicants who are reapplying.
The reason for ineligibility is listed only in English by the system. If the applicant is receiving this notice in Spanish, clinic staff will need to manually write the reason for ineligibility in Spanish on the letter to comply with notification requirements.
- The **Notification of Termination** is manually printed from the “Printouts” drop down menu for applicants that are terminated during a certification period for reasons such as a breastfeeding mother who stops breastfeeding and her infant is older than 6 months, or for those who report during the cert period that their income is above guidelines. This notice provides 15 days notification of termination. This notice must be printed and given to the client at the time a new termination record is entered.
The reason for termination is listed only in English by the system. If the applicant is receiving this notice in Spanish, clinic staff will need to manually write the reason for termination in Spanish on the letter to comply with notification requirements.
- For disqualifications due to participant violations, the **Notice of Disqualification** is printed from the “Participant Violations” screen. This notice provides 15 days notification of termination.

Printed notifications (all of the above) need not be scanned, but documentation should be made in the comments section that the printed notification was given to the client, including the date issued.

- 2] **Notification of Expiring Certification** – The certification end date will appear on the checks similar to the WICNU system.
- 3] **Complaint Documentation** – The clinic staff will utilize the “Clinic Services” ; “Activity” – “Customer Service Log” screen to document complaints instead of the **Complaint Documentation Form** (**For complaints received alleging participant violations see section G.4 below**).

In the Customer Service Log the clinic staff will indicate where the complaint originated with the drop-down menu. Complaints regarding staff members or internal clinic situations should not be documented in VISION.

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Oral complaints can be taken, however, may not provide the necessary documentation or information to be satisfactorily used in a Fair Hearing. Those individuals making oral complaints against vendors or WIC clients should be asked to place the concern in writing and this should be scanned. If the complaint involves a situation that can be adequately or completely explained or resolved totally on the basis of simple clarification of WIC Program policy and procedures, then the local agency should resolve the concern. If a complaint needs to be referred to the State WIC office, the written documentation should be scanned and one electronic copy should be kept in the clinic and another electronic copy forwarded to the State WIC Office.

The description box needs to contain either the file name of the scanned written complaint (if applicable) or the details of the complaint including type of complaint, status of complainant, date, time, location (in the case of vendors, specific address), specific food items involved; description of individuals involved; interaction and discussion between parties. Complaints missing this critical information may not result in corrective action.

Check the box if it is a Civil Rights complaint and contact the State Operations Coordinator for further discussion of the complaint. Civil Rights complaints must be documented and reported promptly as these must be sent to USDA within 5 days.

Closed Date and Resolution box - Enter the closed date upon resolution of the complaint or enter a closed date if a family alert has been created to notify staff to discuss the situation at the next appointment. Clinic staff should resolve complaints that can be adequately or completely explained on the basis of simple clarification of WIC Program policy and procedures. These do not need to be referred to the State office. If the complaint is being referred to the State, the clinic director, the local vendor coordinator, etc. for resolution, a closed date should not be entered until that person has been contacted via phone/email to forward the complaint. Complaints should be resolved and closed within a reasonable amount of time. Unresolved complaints (those without a closed date) automatically place an alert on the Alert screen of the Operations menu. These alerts can be viewed by State staff. Documentation and resolution of complaints will be reviewed at Management Evaluations.

Referred to box – If it is necessary to refer the complaint to another staff member or agency, document the referral in this box and contact the individual regarding the complaint.

If the complaint involves an alleged participant violation, documentation needs to be completed in the *Participant Violations* Screen instead (see below).

- 4] **Participant Violation Documentation in VISION** – Written complaints received from vendors, the State WIC Office, other WIC clinics or non-WIC sources alleging

participant violations should be scanned into the system. This includes any copies of checks received.

Upon receipt of a complaint alleging a participant violation, clinic staff will utilize the “Clinic Services”; “Activity” panel– “Participant Violations” screen to document the alleged participant violation. Clinics may discontinue the use of the WIC Participant Alleged Violations Report. All alleged participant violations must be documented in the VISION system. The clinic staff MUST mark the “Do not allow food benefits” check box in the Participant Violations screen (locking out food issuance) indicating that the participant must be counseled PRIOR to food issuance. This automatically places an alert in the Family Alerts and in the Food Benefits Alerts.

In the Violations box, select the date of the violation and the violation type from the pull-down menu. In the details box, the clinic will either place the file name of the scanned documents or describe the details of the violation including date, time (if applicable), specific food items involved; check numbers involved, description of individuals involved; interaction and discussion between parties. If additional documentation is needed, the clinic should use the “Comment” box.

Complete the information on the WIC Participant Violation Log (paper log).

On the day the participant is counseled, in the Sanctions box, select the appropriate sanction type from the drop-down menu. Select the Start Date and the End Date of the sanction (if the sanction is a warning only, both dates can be left as today’s date). Check the box if a repayment is required.

The WIC client needs to be given a copy of the Notice of Disqualification or Notice of Program Violations. Select the appropriate notification letter and dates and print the copy for the WIC client. The clinic staff will need to document in the comment section that the letter of notification has been given. For clients who speak Spanish, any text in English on these notices must be manually written in Spanish so that the client understands the violation and the sanction imposed.

Request a signature of the WIC client or endorser/proxy on the signature pad indicating understanding the violation and sanction.

After the warning has been given or the violation has been otherwise resolved, uncheck the “Do not allow food benefits” box to allow food benefits to be printed.

If there is a repayment of benefits required, there is no provision for collection of repayment of benefits in the VISION system. Therefore, the Repayment of Benefits Letter will still be used except the clinic has the option of scanning these documents electronically instead of keeping a hard copy. Since clients who are planning to repay benefits may still receive one month of benefits during the 30 days they have to make the payment, staff may need to uncheck the “Do not allow

food benefits” box to allow one month’s food benefits to be printed. The box will then need to be re-checked to block future issuance in the event that the repayment is not made.

5] **Dual Participation/Enrollment in VISION**

Many dual participants are being created accidentally by staff. This happens when clinic staff creates a new family/participant ID when the individual already has a record in the VISION system. Before entering a new person, ask questions to determine if the applicant should already have a record in the system. These should include questions such as:

- Have you been on the WIC program before?
- Have you had children on WIC?
- What is your child's first and last name, DOB?
- How long ago were you on the program?
- Do you have an old WIC ID Packet?
- What is your participant number?
- Have you ever called a WIC office to schedule an appointment and not attended it?
- Has your last name changed?
- Is this the same last name you used when you were on the program before?

Use multiple search methods to attempt to find a participant that should be in the system. Try the following search methods:

- Search for the family member that has received WIC benefits, not the endorser
- Always leave the “LA ID” and “Clinic ID” boxes blank (to search statewide)
- Use the wild card %
 - Use the first 2 letters of the last name followed by %, and the first 2 letters of the first name followed by % (Example: He%, Ma% to find “Hernandez, Maria”)
 - Use the wild card even if you know how to spell the names (Example: Hernandez%, Maria% - will find “Hernandez-Garcia, Maria Patricia”)
- Along with the wild card, check the “Include Alias Name” box
- Use the Date of Birth field (remember that sometimes endorsers do not have a date of birth recorded in the system)
- If your wild card search is unsuccessful,
 - try using the “Soundex” instead, or
 - try searching for a different family member
 - You also have the option to search by phone number

If you need assistance contact the Help Desk. If no search results are found, setup the new participant and use the “Wild Card” check boxes on the Dual Search Screen to make sure the family does not exist already and move forward with the setup.

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When a participant or an endorser has changed their name (new last name due to marriage/divorce etc.), Staff must click “edit” on the individual in the Family screen and then enter the new name and click on “Add To Aliases”. This will also assist in preventing duals from being created.

Intrastate Dual Participation in VISION – (*Operations; Intrastate Dual Participation; filter by agency; filter by clinic; filter; filter by unresolved*)

The Intrastate Dual Participation report is the result of a process that identifies individuals who are compared with the current Utah active participants within the VISION system. This screen will be generated by VISION on a daily basis. **Clinic staff must view this screen first thing each morning to see if there are any possible duals that need to be resolved.** Staff must research each possible dual to find out:

- if there is a true dual who has received multiple benefits in the same month,
- if a participant needs to be terminated, merged and deleted,
- or, if the match was not a dual.

If dual participants are identified, the WIC clinic staff will need to contact the other WIC clinic of enrollment and determine where the WIC client needs to be terminated. If multiple benefits were received [i.e. the client was issued and redeemed checks for the same month(s)], then the clinic needs to initiate a participant violation and repayment of benefits. The Help Desk will need to merge and delete one of the dual records. Submit the information via email to: WICHELPDESK@utah.gov. Please include the information in the following format:

Participant Name	Family ID (Keep)	Person ID (Keep)	Family ID (Delete)	Person ID (Delete)

When these actions have been completed, on the Intrastate Dual Participation screen, place a check in the box with the column marked, “Resolved” and document the outcome by selecting the appropriate option in the “Reason” drop down list. This list contains the options of:

- **No dual- similar name** to be used when it is found that the two names are separate individuals with similar names and birthdates.
- **No dual- twins** to be used when the system has flagged twins as a possible dual.
- **No dual- other** to be used in situations where the names were found to be separate individuals but were flagged as a possible dual for some other reason.

- **Dual- no multiple benefits** to be used when the names are found to be either a dual in the same clinic or the same person in different clinics but there has not been an over issuance of benefits. One of these duals must be terminated. Comments must be made regarding the resolution (i.e. why there was a dual, where terminated etc.). The Help Desk must be notified via email to merge and delete one of the participants.
- **Dual- multiple benefits** to be used for true duals who have applied for and received an over-issuance of benefits, meaning benefits received from more than one clinic in the same month. Participants found committing dual participation **MUST** be terminated from one of the clinics involved or the clinic must terminate one of records enrolled in the same clinic immediately. Comments must be made regarding the resolution. Follow the participant violation procedures if the participant redeemed the benefits from both clinics received for the same month. The Help Desk must be notified.

Interstate Dual Enrollment – (Reports-Operations Reports- Monitoring Operations Reports – Interstate Dual Participation Report). The Interstate Dual report is the result of a process that reads an input file from another state and compares that list with the current Utah active participants. This report will be run and resolved by State staff.

- 6] **Termination for over-income during a certification period** – A new income record should be entered into the VISION system based on the proof of income provided. If the participant has self declared that they are now over income, and the participant does not want to come to the clinic to provide proof of income, a new income record cannot be entered. The applicant can be terminated for the reason “Participant requests termination”.
- 7] **Reinstatement during a certification period** – A participant who was terminated by the system during the certification period for the reason of “no recent food benefit pickup”, or if terminated for the reasons of “participant requested termination”, “transfer out of state” or “no longer in household”, may be able to be reinstated during the certification period. If the certification period has already expired or if the participant’s record has changed from “terminated” to “ineligible” the system does not allow the client to be reinstated and a new certification must be completed. A new certification must be completed even within the timeframe of the current certification period. The new certification may not be completed using old data from the previous certification. To reinstate a participant, go to the Certification/Termination panel, edit the Termination record and click on the “Reinstate” button. Enter the reinstate reason. Make a comment if necessary to explain the circumstances.

L. PROGRAM OPERATIONS

- 1] **Outreach Log** – tracking of outreach activities can now be done in the computer system. This is done in the Operations menu, Outreach Log.
- 2] **Equipment and Supplies** – Equipment with serial numbers, such as electric breast pumps that are assigned to the clinic by the State Office will be documented using the Serialized Inventory function of the VISION system's Operations Menu. (See also Section K.)

For the time being, clinics will not be using the Non-Serialized Inventory ordering functions in the Operations menu to order supplies and forms from the state. We will continue to use the quarterly clinic order form emailed by Jessica Perkins. The supply ordering functions in the VISION system will be considered for usage in the future when all clinics are on the VISION system.

- 3] **Civil Rights** – For Limited English Proficient (LEP) clients, the VISION system is able to track the client's preferred spoken language. This is found in the "Family/Intake" menu on the "family" screen. All commonly spoken languages in Utah are listed on the drop down menu. If additional language options need to be added to the drop down list contact Rick Wardle at the State Office. Unless the client is proficient in English, staff should select the native or preferred language of the client to help with statistical reporting of languages spoken in the service area. Indication can also be made on this screen if an interpreter is needed for the appointment by checking the check box. This code helps to alert the appointment scheduler of any special needs that must be considered for this family, which might include an interpreter, whether in person or via telephone. The print-outs language can also be set to English or Spanish for printed notices. The print-outs language must be set appropriately so that Teletask calls will be made in the correct language. For clients who are already in the system from converted WICNU data, please update the preferred language at the next certification appointment.

For persons with disabilities, when a new family member is entered, comments can also be entered regarding special needs. An "SN" will be visible in the name box when there are comments regarding special needs. This information is also available in the notes on an appointment. Staff should enter special needs comments for any disabled persons who may require reasonable accommodations.

For Civil Rights complaints procedures see the Complaint Documentation instructions above in Section G.

- 4] **Retention of files** – Files and charts used while on the WICNU computer system, including participant charts must be retained on file for four years. These may be archived according to local agency/county procedures, but must remain available

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upon request for audit purposes. If local agencies prefer to maintain electronic images of historical documents then hard copies do not need to be retained.

Any hard copy documents that were scanned into the VISION system do not need to have the hard copies retained on file. These may be shredded after they are scanned.

O. MANAGEMENT INFORMATION SYSTEM

- 1] **Security Access Form** – Clinic directors should fill out this form, available on the Utah WIC web site, for requesting changes to security access for employees. This includes new employees and terminating access for former employees. A copy of the form should be submitted to the WIC Help Desk for the access to be updated. (See copy of form in the appendix of this manual.)
- 2] **Use of Goals, Comments and Alerts in the VISION System** – The VISION system offers several methods to document and communicate important information regarding WIC participants.

Goals- are set with the client during the nutrition assessment and are used only for health and nutrition related reasons.

Comments- are used mainly to document information required by policy or to document information that would be helpful for future reference.

Alerts- Comments that are set as an alert are used to communicate critical information that staff needs to be aware of each time they access the family's record. Staff must get into the habit of checking the bottom of the screen for alerts each time they open a new family. There are many reasons why an alert may need to be set. When Staff makes a comment and checks the "Display as Alert" check box the comment is displayed on the bottom of the screen with the staff member's name that made the alert. The system requires that an expiration date for the alert be set. The alert will disappear after this date, but the comment will remain. Expiration dates should be set as far into the future that the information is still critical.

In some cases, when benefits should not be provided until the situation is resolved, or when a dual exists that should not be used, the "FB Issuance" dropdown box on the family screen should be set to "No food benefits" in order to prevent staff from accidentally issuing checks before the situation is resolved.

Some alerts are created automatically by the system, for example, when staff has checked the "Do not allow food benefits" check box in the Participant Violations Screen (indicating that counseling for a participant violation must be completed prior to further benefit issuance). Staff must clear this check box in order to remove the alert and allow benefit issuance.

Converted WICNU Alerts appear until you clear them. If the converted alerts are no longer critical to display they should be cleared, otherwise, any new alerts will be displayed below the converted alerts. To clear converted alerts, edit the record you want to clear. Remove the check mark on "Display as Alert". Fill in the "Staff Member" box which is a required field. Perform a Save.

Nutrition and Breastfeeding Guidance for VISION

D. NUTRITION RISK MANUAL

VENA is incorporated into the VISION computer system with starters and prompts at the bottom of each nutrition interview screen. Scroll through these to find the appropriate open-ended questions for the applicable nutrition interview section. It is necessary to complete all bolded questions and items in each nutrition interview screen to ensure accurate data reporting. Risk assignment between certification appointments is not required. If nutrition risks or other factors that impact nutritional status are identified after the initial certification visit, these may be documented in the certification file according to local agency policy.

Nutrition Risks

Risk 101 Underweight Women

Definition/cut-off value

Pregnant Women: prepregnancy Body Mass Index (BMI) < 18.5

Non-Breastfeeding Women: current Body Mass Index (BMI) < 18.5

Breastfeeding Women Who Are < 6 Months Postpartum: current Body Mass Index (BMI) < 18.5

Breastfeeding Women Who Are > or equal to 6 Months Postpartum: current Body Mass Index (BMI) < 18.5

Category	Priority	High Risk
Pregnant	I	BMI < 18.0
Breastfeeding	I	N
Non-Breastfeeding	VI	N

For pregnant women who have a prepregnant BMI < 18.0, it is necessary to manually select the high risk box in the VISION risk screen.

Risk 131 Low Maternal Weight Gain

Definition/cut-off value

Low weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.

Category	Priority	High Risk
Pregnant	I	Y

To assign risk 131, select the radio button 131 in the Anthropometrics panel or select 131 in the Risk panel. If selected in the Risk panel, in the Available Risks table, select the + sign next to Anthropometric Risks, highlight 131 Low Maternal Weight Gain and press the double arrow pointing to the right to enter this risk in the Assigned Risks table.

The High Risk flag should be automatically activated.

Risk 133 High Maternal Weight Gain

Definition/cut-off value

High weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category (see below).

Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on Body Mass Index (BMI) for singleton pregnancies.

Category	Priority	High Risk
Pregnant	I	Y
Breastfeeding	I	N
Non-Breastfeeding	VI	N

To assign risk 133, select the radio button 133 in the Anthropometrics panel or select 133 in the Risk Panel. If selected in the Risk Panel, in the Available Risks table, select the + sign next to Anthropometric Risks, highlight 133 High Maternal Weight Gain and press the double arrow pointing to the right to enter this risk in the Assigned Risks table.

The High Risk flag should be automatically activated for the Pregnant category.

Risk 135 Inadequate Growth

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Infants:

- a. From birth to 1 month of age:
 - ☐ autoassigned for an infant that is currently < one month of age if any weight recorded for the infant is \leq 92% of the birth weight
 - ☐ autoassigned for an infant that is currently < one month of age if any weight recorded after 2 weeks of age is less than the birth weight

- b. Older infants up to 12 months of age:

- ☐ According to minimum expected weight gain table

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Children not gaining minimum expected weight gain based on table below.

Participant category and priority level

Category	Priority	High Risk
Infants	I	Y
Children	III	Y

This risk factor is **not autoassigned** and must be assessed at every certification visit by reviewing the growth charts at the Anthropometrics panel or screen under "Assessment" in the VISION navigational tree. Determine the amount of weight gained.

For infants from 1 month to 6 months of age and based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the table below. For infants and children from 6 months to 59 months of age and based on 2 weights taken at least 3 months apart, the infant's or child's actual weight gain is less than the calculated expected minimal weight gain based on the table below. When the expected minimal weight gain is less than the amount listed in the table below, select or check the 135 check box in the Anthropometrics panel.

Age	Minimum Expected Weight Gain			
	Grams/Day	Ounces/Week	Ounces/Month	Pounds/Month
Birth – 1 mo	18	4	19	1 lb 3 oz
1 - 2 mos	25	6	27	1 lb 11 oz
2 - 3 mos	18	4	19	1 lb 3 oz
3 - 4 mos	16	4	17	1 lb 1 oz
4 - 5 mos	14	3	15	-----
5 - 6 mos	12	3	13	-----
Age	Grams/Day	Ounces/Week	Ounces/Month	Pounds/ 6 Months
6 - 12 mos	9	2 ¼	9 ½	3 lb 10 oz
12 – 59 mos	2 ½	.6	2.7	1 lb

The High Risk flag should be automatically activated for the Infant and Child category.

Risk 142: Prematurity

Infants: Birth at \leq 37 weeks gestation for infants less than 12 months.

Children: Birth at \leq 37 weeks gestation for a child at 12 months of age and up to, but not including 24 months of age.

Note: See “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” (FNS Policy Memorandum 98-9, Revision 7, April 2004) for more information on the anthropometric assessment and nutritional care of premature infants.

In the Family panel, select Edit on the premature infant/child which will reveal the Member/Proxy pop up box. In this Member/Proxy pop up box, select the blue Enrollment link. In the Enrollment link, it is important to enter the Expected DOB, though it is not highlighted in red. Entering the Expected DOB allows for the weeks gestation to be calculated in the Anthropometrics panel. It is a best practice to complete this Expected DOB field on all infant/child participants.

To assign risk 142, on the birth measurement record in the Anthropometrics panel, select the radio button for Premature in the “Diagnosed?” box. If the Premature radio button is selected in the “Diagnosed?” box on the birth measurement record, Diagnosed Weeks Gestation should not be entered in this field unless the participant’s physician has provided a medical diagnosis of weeks gestation.

If the physician provided a medical diagnosis of weeks gestation and the diagnosed weeks gestation are entered, the VISION system will calculate the adjusted age and plot the growth grids based on the information entered in the Diagnosed Weeks Gestation field, rather than the Calculated Weeks Gestation.

The High Risk flag should be automatically activated for the Infant category.

Risk 201: Low Hematocrit/Low Hemoglobin

Parameters for assignment:

For all high risk hemoglobin values it is necessary to manually select the high risk box in the VISION risk screen. Refer to the table below to determine high risk values. High risk is a hemoglobin value that is > 1 g/dl below the cutoff values indicated in the table for each participant category.

Hemoglobin Values

Altitude	Smoking	1 st trimester Hgb <	2 nd trimester Hgb <	3 rd trimester Hgb <	Postpartum Hgb <	Infant 7- < 12 mo Hgb <	Child 1-2 yrs Hgb <	Child 2-< 5 yrs Hgb <
0-2999 ft	Non smoker	11.0	10.5	11.0	12.0	11.0	11.0	11.1
	< 1 pack/day	11.3	10.8	11.3	12.3			
	1-<2 pks/day	11.5	11.0	11.5	12.5			
	≥ 2 pks/day	11.7	11.2	11.7	12.7			
3000-3999 ft	Non smoker	11.2	10.7	11.2	12.2	11.2	11.2	11.3
	< 1 pack/day	11.5	11.0	11.5	12.5			
	1-<2 pks/day	11.7	11.2	11.7	12.7			
	≥ 2 pks/day	11.9	11.4	11.9	12.9			
4000-4999 ft	Non smoker	11.3	10.8	11.3	12.3	11.3	11.3	11.4
	< 1 pack/day	11.6	11.1	11.6	12.6			
	1-<2 pks/day	11.8	11.3	11.8	12.8			
	≥ 2 pks/day	12.0	11.5	12.0	13.0			
5000-5999 ft	Non smoker	11.5	11.0	11.5	12.5	11.5	11.5	11.6
	< 1 pack/day	11.8	11.3	11.8	12.8			
	1-<2 pks/day	12.0	11.5	12.0	13.0			
	≥ 2 pks/day	12.2	11.7	12.2	13.2			
6000-6999 ft	Non smoker	11.7	11.2	11.7	12.7	11.7	11.7	11.8
	< 1 pack/day	12.0	11.5	12.0	13.0			
	1-<2 pks/day	12.2	11.7	12.2	13.2			
	≥ 2 pks/day	12.4	11.9	12.4	13.4			
7000-7999 ft	Non smoker	12.0	11.5	12.0	13.0	12.0	12.0	12.1
	< 1 pack/day	12.3	11.8	12.3	13.3			
	1-<2 pks/day	12.5	12.0	12.5	13.5			
	≥ 2 pks/day	12.5	12.2	12.7	13.7			

Risk 334: Lack of Prenatal Care

Definition/cut-off value

Prenatal care beginning after the first trimester (after the 13th week) of pregnancy.

Category	Priority	High Risk
Pregnant	I	3 rd Trimester

For pregnant women who have not received prenatal care until the 3rd trimester, it is necessary to manually select the high risk box in the VISION risk screen.

Risk 335: Multi-fetal Gestation

1. Assign 335 for pregnant women if Multifetal gestation is marked on pregnancy screen.
2. Assign 335 for breastfeeding women if Multifetal gestation of most recent pregnancy is marked on pregnancy screen.
3. Assign 335 for not-breastfeeding women if Multifetal Gestation of most recent pregnancy is marked on pregnancy screen.

335 is high risk for pregnant and breastfeeding women, but not for postpartum women

H. SUPPLEMENTARY FOODS

- 1]. **INDIVIDUAL FOOD PACKAGE TAILORING** - The goal of the individual food package tailoring guidelines is to ensure that all participants receive the Utah WIC food package that best meets their individual nutritional needs. The tailoring guidelines will enable local agency nutritionists to issue food packages that directly correspond to the nutrition counseling given. In the VISION system, model food packages are found in the Model Food Package drop-down list on the Food Package screen. There are many food packages available within each food package group. Take the time to review the numerous combinations available before food package issuance occurs and tailor if necessary.

Food package tailoring is appropriate if there is a self reported medical and/or nutritional reason(s). Also, foods not used by the participant may be tailored out of the package or quantities can be reduced to reflect need, if requested by the participant.

Document in the VISION computer system, the self reported medical and/or nutritional reason(s) for tailoring or making changes to the food package. This documentation can be done in the care plan, the Details text row next to the Self-Reported check box or in the Comments text row below the food package grid in the Food Package screen or panel. If applicable, the Special Diet box can be checked. Use the Special Diet box in order to issue a food package to a participant as part of Food Package III or for a participant receiving non contract formula, the “Special Diet” check box must be checked before selecting a model food package from the drop down list. Information for the Formula and Food Authorization Form must be documented by selecting on the Documentation link and filling out the appropriate information in the pop-up box. Tailoring documentation must also be provided in the comment box below the food package grid.

Contact a State RD for assistance with individual food package tailoring of food packages that require a special food letter. This state assistance will ensure that food items selected for each food instrument (FI) do not exceed the maximum dollar value for each FI. Document the reason for issuance in the Comments text row below the food package grid in the Food Package screen or panel.

In general, when beginning to tailor a food package that is based on a FAFAF, check the Special Diet checkbox and open the food package drop down. Select the model food package that is closest to the needed or medically ordered formula and foods. Then, make any minor changes within the food package grid. For example, if a FAFAF authorizes Pediasure with Fiber and all complementary foods except eggs due to an allergy, first select the model food package with Pediasure and all complementary foods. After this selection, go into the food package grid and double click on Pediasure to pull down other formula options and select the one that states Pediasure with Fiber. Next, highlight the eggs and click remove food. In the

comments row below the food package grid, add any necessary comments such as "Removed eggs due to allergy; see documentation for formula ordered."

Below the "Verify" button in the food package screen is the "Copy" button which is a function that can be useful in certain circumstances. For example, when a package that requires a FAFAF is created, the copy function can be used to copy the documentation to a future month package. This is done by selecting the "Copy" button while in the package that contains the original documentation. Next, select the calendar icon and select the appropriate effective date for the copied package. The copy function will not carry a tailored food package through a milestone. To issue the same tailored package over a milestone, check "Do Not Auto-Update" and that tailored package (foods and quantities) will continue until another package is created. This can be useful if a partially breastfeeding package has been tailored down, and you want to continue issuing that same amount of formula through an issuance period, irrespective of the milestone. In the situation where the milestone changes types of foods or quantities, such as the addition of infant foods at 6 months, a new model food package must be selected and the package tailored again.

2]. **TAILORING MODEL FOOD PACKAGES-**

a. 1 Can Formula in First Month: To issue 1 can of formula to a partially breastfeeding infant in the first month of life, a partially breastfeeding formula package must be selected and tailored down to 1 can. There are no model food packages with a single can of formula. If the package is not tailored down to 1 can of formula for that first month, the mom will be recognized as breastfeeding out of range and she will receive a Postpartum package. When tailored down to 1 can, the mom will be recognized as breastfeeding in range and she will receive a Partially Breastfeeding package.

b. Adding and Removing Food Items

i. To Add a Food Item:

1. To add a food item to a package, select the "Add Food" button and a blank row will appear in the food package grid.
2. Select the "Category" from the drop down list by double clicking in the blank area in the "Category" column.
3. Select the "Item Description" from the drop down list by double clicking in the blank area in the "Item Description" column.
4. Spread the foods across the FIs to equal the appropriate quantity. FI 1 will always have the Cash Value Voucher on it and so no other foods may be placed on FI 1.

5. Select the appropriate item from the drop down list in the “Month” column by double clicking in the blank area in the column. All = food given in all months. Odd/Even = the food will only be given in the odd or even months.

ii. *To Remove a Food Item:*

1. Select the food item to be removed. The row will highlight where clicked.
2. Select the “Remove Food” button
3. A Delete Confirmation warning message will be displayed. Select “Yes.”
4. The food item is removed.

- c. **Adding and Removing FIs-** FIs may need to be added if an item such as formula needs to be added to a package. Formula may not be placed on FI 1 nor any other FI with non-formula foods. If more than one formula is required for a food package, the formulas will need to be placed on separate FIs.

i. *To Add an FI:*

1. Select anywhere within the food package grid.
2. Select the “Add FI” button. An FI will appear as the last FI.

ii. *To Remove an FI:*

1. Select anywhere within the FI column to be removed.
2. Select the “Remove FI” button. The FI will be removed.

- d. **Adding Cheese and Decreasing Milk-** Anytime cheese is added to a food package, 3 quarts of milk must be substituted for each pound of cheese added. Up to 1 pound of cheese may be substituted for milk without a medical prescription in the child package and in all packages for women except the fully breastfeeding package. Up to 2 pounds of cheese may be substituted for milk without a medical prescription for the fully breastfeeding package. A medical prescription is required for substituting cheese in excess of these amounts. The medical prescription information needs to be documented in the “Documentation” link on the food package screen or panel.

In the VISION system, the full, 2/3, and 1/3 amounts of milk must be calculated manually when cheese is added. The chart below provides a quick reference for the appropriate amounts of milk for various cheese substitutions.

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*2 lb cheese is prorated at 2,1,1 (for full, 2/3, 1/3, respectively) and 3 lbs cheese is 3,2,1, respectively.

	+ 1 lb Cheese	+ 2 lb cheese	+ 3 lb cheese
Child/Postpartum	3 gal + 1 qt	2 gal + ½ gal	1 gal + ½ gal + 1 qt
2/3	2 gal + 1 qt	1 gal + ½ gal + 1 qt	1 gal + 1 qt
1/3	1 gal	½ gal + 1 qt	½ gal
Pregnant/Part BF	4 gal + ½ gal + 1 qt	4 gal	3 gal + 1 qt
2/3	3 gal + 1 qt	2 gal + ½ gal + 1 qt	2 gal + 1 qt
1/3	1 gal + ½ gal	1 gal + 1 qt	1 gal
Fully Breastfeeding	5 gal + 1 qt	4 gal + ½ gal	3 gal + ½ gal + 1 qt
2/3	3 gal + ½ gal	3 gal	2 gal + ½ gal
1/3	1 gal + ½ gal + 1 qt	1 gal + ½ gal	1 gal + 1 qt
Fully BF Multiples	8 gal + 1 qt	7 gal + ½ gal	6 gal + ½ gal + 1 qt
2/3	5 gal + ½ gal	5 gal	4 gal + ½ gal
1/3	2 gal + ½ gal + 1 qt	2 gal + ½ gal	2 gal + 1 qt

1. Select a model food package that resembles what the participant needs.
2. Add cheese by selecting the “Add Food” button and follow the process described above to add a food item.
3. Change the quantity of milk as reflected in the table below. In most cases, a quart or half gallon will need to be added.
4. Change the quantity of milk for both the 2/3 and 1/3 packages by selecting the 2/3 or 1/3 radio button and edit accordingly.
 - i. Foods can only be added or removed within a full package. Foods added or removed will automatically be added or removed within the 2/3 and 1/3 food package grids. When substituting cheese for milk, certain milk containers may be applicable to the full package but not the prorated packages and vice versa. The additional milk container needed will have to be added to the full package and marked with a “0” as the item quantity in the grids in which that container does not apply. When marked as zero, the item will not print on checks. If marking an item as zero, it cannot be the only item on an FI or this function will not work.

For example, when adding one pound of cheese to a child package, the cheese is added to the full package which is automatically populated into the 2/3 and 1/3 food package grids. The full quantity of milk, which is 4 gallons, must be reduced by 3 quarts which will equal 3 gallons plus 1

quart of milk. This is done by reducing the 4 gallons of milk to 3 gallons and adding 1 quart of milk. The quart must be added within the full food package grid which will automatically populate into the 2/3 and 1/3 food package grids. The quart does not apply in the 1/3 food package grid and so the item quantity must be set to zero within that particular grid.

- e. **Spreading items across FIs-** When a food package is tailored by either adding an item or changing the quantity of an item, the system will not automatically distribute the added or changed item across FIs. This must be done manually. It is important to spread formula and food items across FIs as evenly as possible to avoid FIs with too many or too little food items for the purposes of client ease of use as well as for bank processing limitations. Follow the table below when tailoring formula to ensure the appropriate amount of formula is placed on an FI. In the event that you select a Model Food Package which already has 4 cans of formula on one FI, then do not modify or change those 4 cans. Simply begin adding the necessary FIs and spread the cans of formula according to the table below.

Formula	Do Not Exceed (items per FI)	Example
Powdered Formula: 12-16 oz can	3 cans	7 cans: 3 FIs (3,2,2)
Powdered Formula: 23-34 oz can	2 cans	4 cans: 2 FIs (2,2)
Concentrate: 13 oz size	11 cans	31 cans: 3 FIs (11,10,10)
Ready to Feed: 32 oz or 1 qt size	9 cans	26 cans: 3 FIs (9,9,8)
Special Formulas:		
Pediasure/Ensure: 6 8-oz bottles	6 6-packs	15 6-pks: 3 FIs (5,5,5)
Pregestimil: Powder	2 cans	7 cans: 4 FIs (2,2,2,1)

- f. **Proration-** The system will automatically prorate a formula/food item when the item is added to a model food package. The system will not automatically prorate a formula/food item that *currently exists* in the model food package when the amount of that formula/food item is adjusted. It is important to check the 2/3 and 1/3 package grids when tailoring, particularly when increasing or decreasing formula, to ensure the amounts in these packages are correct and to make adjustments, if needed.

When replacing checks that are lost on the VISION system, the model food package will not prorate based on the date of reissuance. The VISION system will give the WIC client the originally issued food package replacement regardless of the date of reissuance. Do not manually prorate a lost check reissuance, but allow the WIC client to receive the originally issued food package when reissuing a check that has been reported lost (see section E.11).

If adjusting formula amounts based on returned formula and the returned formula package was originally issued from a Full package, then the formula adjustments must be made within the Full food package grid. If the returned formula package

was originally issued from a 2/3 or 1/3 package, then the adjustments must be made within the 2/3 or 1/3 food package grid, respectively. The system will not automatically prorate the amounts in the 2/3 and 1/3 package grids if the Full package grid is the only grid in which adjustments are made (*see section E.12 for further details*).

General Tailoring Guidelines

1. Spread food items across FIs evenly where possible. Be sure to add food items to FIs with less food items rather than FIs with many food items.
2. Jars of baby food can be spread across 3 Food Instruments as listed below:
12, 10, 10
11, 11, 10
3. The Cash Value Voucher should always be FI 1 and no other food items may be added to FI 1.
4. Once tailoring is complete, the food package will need to be verified by selecting the “Verify” button. If the package verifies, “Verified” will appear above the Verify button in green. If the package does not verify, “Unverified” will appear above the Verify button in red and the reasons why the package did not verify will appear in the alerts section at the bottom of the screen.
5. Infant foods cannot be issued to participants at 12 months of age and older, even if medically ordered (USDA regulation).

3]. PARTIALLY BREASTFEEDING OUT-OF-RANGE PACKAGES FOR INFANTS- To issue a partially breastfeeding out-of-range package, select an appropriate partially breastfeeding package and then adjust the formula to the out-of-range amount needed. The chart above on distributing formula across FIs must be followed when adding additional formula.

4]. STATE ORDERED FORMULA-

- a. Issuing state ordered formula only:
 - i. Select the “Special Diet” check box. Enter medical prescription information from the Formula and Food Authorization Form (FAFAF) by selecting the blue Documentation link. The required elements in the Documentation link are in red and include the Rx Expiration Date, Medical Diagnosis and Authority. Enter the name of the state licensed prescriptive authority in the Authority text row. Enter the name of the CPA or RD who has approved that the FAFAF is complete in the Approved By text row. If the length of the Additional Details text row is insufficient more information can be

entered in the Comments text row below the food package grid. A Doc ID number, from 1 up to 9, needs to be entered.

- ii. Select “State Ordered Formula-Infant-Part BF,” “State Ordered Formula-Infant-Full Formula,” or “State Ordered Formula-Children and Women” from the Model Food Package drop down list according to the participant’s category and breastfeeding description. These food packages are available in the Model Food Package drop down list after the “Special Diet” check box is selected. The Doc ID number needs to be selected from the Doc ID column in the food package grid in the row of the medical formula.
 - iii. If an infant is partially breastfeeding out-of-range and receiving state ordered formula, select “State Ordered Formula-Infant-Part BF” and change the quantity from “1” to “2.” This will move the infant out-of-range and allow the mom to receive a postpartum package if the infant is less than 6 months of age.
 - iv. The “Direct Ship” check box must be selected in the food package grid. This allows the VISION system to recognize that the participant is receiving a state ordered formula benefit without actually receiving checks. Once the package has been verified, the package must be printed. Actual checks will not print for this package because the “Direct Ship” check box was selected and will be registered into the system that benefits were issued. This process is similar to selecting “T0000” in the WICNU system.
- b. Issuing state ordered formula and complementary foods
- i. Select the “Special Diet” check box. Enter medical prescription information from the Formula and Food Authorization Form (FAFAF) by selecting the blue Documentation link. The required elements in the Documentation link are in red and include the Rx Expiration Date, Medical Diagnosis and Authority. Enter the name of the state licensed prescriptive authority in the Authority text row. Enter the name of the CPA or RD who has approved that the FAFAF is complete in the Approved By text row. If the length of the Additional Details text row is insufficient more information can be entered in the Comments text row below the food package grid. A Doc ID number, from 1 up to 9, needs to be entered.
 - ii. Select an appropriate model food package with the desired complementary foods.
 - iii. State ordered formula does not need to be added to the food package grid because the system recognizes benefits are being issued through the printed food instruments. This process is similar to selecting a “T” package with complementary foods in the WICNU system and ordering formula through the State office.

- iv. If Medicaid is providing all of the specialty medical formula, then after checking the “Special Diet” check box, open the Model Food Package drop down list. Select “Medicaid Provided Formula-Infant-Part BF,” “Medicaid Provided Formula-Infant-Full Formula,” or “Medicaid Provided Formula-Children and Women” according to the participant’s category and breastfeeding description. Then, select the check box for “Direct Ship”. This allows the VISION system to recognize that the participant is receiving medical formula benefit covered by Medicaid without actually receiving checks. Once the package has been verified, the package must be printed. Actual checks will not print for this package because the “Direct Ship” check box was selected and will be registered into the system that benefits were issued. This process is similar to selecting “T0000” in the WICNU system.
 - I. If an infant is partially breastfeeding out-of-range and receiving Medicaid provided formula, select “Medicaid Provided Formula-Infant-Part BF” and change the quantity from “1” to “2.” This will move the infant out-of-range and allow the mom to receive a postpartum package if the infant is less than 6 months of age.
- 5]. **CONVERTED FOOD PACKAGES-** The VISION computer system will contain converted food packages from WICNU that have been issued for the current issuance period of the participant. Future month packages that have yet to be issued to the participant **should not be converted. However in the event that these packages are converted, they can simply be deleted in the food package screen.** Converted food packages are not to be printed or reprinted to clients from the VISION system.
- a. Printing a package for a month within the current issuance period due to **lost checks, damaged checks, theft, or a food package change**, and the participant has been issued a package through WICNU that shows as a converted package through the VISION system:
 - i. The converted package must be voided and a new model package must be selected from the Food Package screen. Converted food packages may not be printed or reprinted because the VISION system will not print the package correctly due to the nature of the conversion.
 - ii. If a new model food package needs to be issued in place of a converted package of a future month within the current issuance period of the participant, the effective date for the new package must be set to one day after the original issuance date. In most cases, this will be the second day of the month.
 - I. For example, a client has lost their checks for February that were printed through the WICNU system. The current date is January 15th. The

checks for February will need to be voided before a new package may be selected. Since the effective date for the February checks will be February 1st, the effective date for the new package will need to be set to February 2nd in order to issue the new food package.

- iii. If a new model food package needs to be issued in place of a converted package for the current month within the current issuance period of the participant, the effective date for the new package will not need to be changed if the current date is after the first of the month.

- I. For example, if a client needed January checks replaced and the current date was January 15th, the effective date would not have to be changed. The system will default the effective date to the current date of January 15th which is beyond the original effective date of January 1st for the converted package.

- 6]. **ISSUANCE CRITERIA:** If an infant or child does not reach a milestone by the first of the month, then they will continue to receive the same benefits until the next month.

- i. For example, an infant turns 4 months on March 3rd. Because the infant did not turn 4 months by March 1st, they will continue to have only the 0-3 month infant food package options until April.

- 7]. **ISSUING AT THE 6 MONTH MILESTONE-** In VISION, due to the default to Auto-Update at 6 months of age, all 32 jars of baby food will be placed on one FI. To avoid this occurrence, follow the steps below for all infants receiving formula (steps are not necessary for exclusively breastfeeding infants).

- 1. In the month that the infant is to receive a 6 month food package, select “New” with an appropriate effective date.
- 2. Select an appropriate 6 – 11 month Model Food Package to ensure correct spreading of jars of baby food across FIs.

If a changed 4 – 5 month food package is assigned, then all jars of baby food will be placed on one FI which is inappropriate.

- 8]. **ISSUING AT THE 6 MONTH MILESTONE FOR EXCLUSIVELY OR PRIM/EXCLU/NO FOOD PACKAGE**

In VISION, to enter food packages for future dates and before the infant’s 6 month milestone, it is necessary to follow the steps below prior to assigning the infant’s food packages. These steps should be followed when the 6 month milestone occurs within the current food benefit issuance period. Every effort should be made to maintain accurate data integrity whenever possible.

1. Open infant nutrition interview and change breastfeeding description to Prim/Excl/Comp Foods.
2. VISION will require a response to the questions 1d and 1 e.
3. In anticipation of adding complementary foods at 6 months of age, answer “Yes” to 1 d and 26 weeks to 1e.
4. Assign appropriate food package and print.
5. It is necessary to review the infant nutrition interview at subsequent appointments and make edits to ensure accuracy of data reports. Accurate data will better reflect breastfeeding rates and serve as reliable data indicators for your agency.

9]. ISSUING A FOOD PACKAGE AT THE 24 MONTH MILESTONE

If a food package for a 1-2 year old is selected containing cheese or a milk other than cow’s milk (lactose-free, goat’s milk, etc) during the issuance period the child turns two years of age, the system does not have the capability to automatically update the package to a 2-5 year package correctly. If a food package containing cheese or a milk type other than cow’s milk is needed during this milestone change, it is necessary to follow the steps below to assign the correct food package for when the child turns two.

1. When assigning a 1-2 year old package, select the “Do Not Auto-Update” check box. The assigned package will be available to the participant for those months during the issuance period that the child is 1 year.
2. In the month that the child is to receive a 2-5 year food package, select “New” with an appropriate effective date.
3. Select the appropriate 2-5 year food package. The correct package will be available to print.

I. VENA AND NUTRITION EDUCATION

VENA is incorporated into the VISION computer system with starters and prompts at the bottom of each nutrition interview screen. Scroll through these to find the appropriate open-ended questions for the applicable nutrition interview section. It is necessary to complete all bolded questions and items in each nutrition interview screen to ensure that data collection is accurate and complete.

NUTRITION EDUCATION :

- i. Due to IT Teletask considerations, at a clinic group class, every member in the family needs to be marked as Attended so that missed appointment calls will not be made incorrectly.
 - ii. When a participant is marked as Attended, all counseling points associated with a class (selected within the “NE topics” drop down list when creating a Nutrition Education Class) are retained in the participant’s care plan.
 - iii. In Clinic Services, click on the “Nutrition Education” tab to see a collapsed list of topics for “Nutrition Education Covered” and “Pamphlets Provided”.
 - i. Click on the + sign for each topic to see a list of subtopics.
 - ii. Utah has opted to make Vision into a 2 tiered system by repeating the subtopic for the counseling point.
 - iii. When a topic is selected, all subtopics underneath a topic will automatically be selected. When a subtopic is selected, the topic will automatically be selected.
 - iv. Saved topics, subtopics and counseling points are retained in the “Counseling/Plan” section of the “Care Plan – Participant”.
 - v. No more than 10 counseling points (ie. subtopics) can be assigned at a visit. It is not expected that CPAs would cover more than 10 subtopics in one counseling session.
 - vi. When a pamphlet is provided to a participant, this can be recorded in the “Nutrition Education” screen. Expand the appropriate topic and select the provided pamphlet. Selected pamphlets will be saved to the “Pamphlets” section of the “Care Plan – Participant” screen.
2. **DOCUMENTING AN UNSCHEDULED CLASS:** “Nutrition Education” screen can be used to document the completion of an online class, bulletin board or self-paced lesson.
3. **POLICY SPECIFIC TO WIC DIRECTORS/CLINIC SUPERVISORS:**
- A. **SCHEDULING CLASSES:** When creating a class for the first time, related nutrition education topics must be assigned in order to save the class.

B. ADDING/DEACTIVATING CLASS TITLES/PAMPHLETS: Pamphlets available through UCI and classes on the state approved list will be populated into the system.

- i. If there are classes or pamphlets that are specific to your agency or clinic, these can be added under “System Administration”, “Clinic Services Administration”, “Nutrition Education Class Titles”/ “NE Topics and Pamphlets”.
- ii. Classes and pamphlets that are not in use in your agency or clinic can be deactivated in the same tab.
- iii. Note that classes must be sort ordered by your agency if you want them to appear in a specific order in the Nutrition Education Class, Class Title dropdown list.

4. **SMOKING FREQUENCY DOCUMENTATION:** The smoking frequency question must be documented in the blood panel because this sets the Hgb cutoff values based on the clinic altitude and smoking frequency combined. This is critical for correct auto assignment of risk factor 201. It is also important to enter the smoking information in the nutrition interview to ensure accurate data collection.
5. **HIGH RISK FOLLOW UP APPOINTMENTS:** When a high risk client comes in for a follow up appointment, this should be marked by checking the “High Risk Follow Up Appointment” box in the “Nutrition Education” panel under “Education and Care”. By checking this box, high risk follow up is generated into the “Follow-up Nutrition Risk Assessment”, “Assessment and Education Reports”, under “Clinic Services Reports”. This report facilitates monitoring of risk factors and high risk clients.
6. **Additional Assessment Needed:** This check box can be used to mark that additional assessment is needed for high risk or non high risk clients. It would be marked by checking the “Additional Assessment Needed” box in the “Risk” panel under “Assessment.” Typically, this person would be scheduled for a follow up appointment the following month, but if the appointment is not scheduled or if the appointment is missed, this data element can be used in reporting to continue to find participants that need additional assessment. This checkbox is enabled when Current view is selected.
7. **Anthropometric Data:** For participants over 18 years of age, the height measurement will be carried forward on future anthropometric panels.
8. **Blood Data for Infants, 7 months up to 12 months of age:** On the Blood panel, click "No" at "Blood Work Taken". Then, open the drop down for "No Test Performed Reason" and select "Not Required".

K. BREASTFEEDING

1]. Interview

Within Vision, breastfeeding information should be collected and updated at every WIC contact in an interactive manner that promotes facilitated discussion. This process should be interactive between the staff person and the participant, and should incorporate VENA and the 3 – Step Counseling method (listen, affirm, and then educate) in providing breastfeeding counseling, support and education.

As information is obtained at the WIC contact through dialogue and conversation, move up and down and throughout the panels and screens to fill the information for all the applicable questions and fields.

- I. Use “starters/prompts” under each section to help start conversation with the participant and to help obtain a broad scope of information to complete the assessment process.
- II. Documentation should be made under applicable panels and screens by selecting “check boxes” and by entering narrative writing in dialogue boxes.

The *Nutrition Interview*, as part of a comprehensive nutrition assessment, must be completed at every certification and recertification visit for all categories, and at the mid-certification visit for infants. Breastfeeding information should be updated at these visits as well as when infant breastfeeding status changes.

- I. Complete all questions under each section of Assessment, Nutrition Interview.
 - a. Most breastfeeding fields tie into local and state reports; any data not entered will not contribute to these reports. (see report section)
- II. Breastfeeding information should be completed under all categories:
 - a. Under Pregnant Women Interview
 - i. BF Preparation, complete all the breastfeeding questions 4a.- 4e. to help the participant prepare for breastfeeding, (based on past experience, family, breast changes, etc.).
 - ii. Life Style, instigate dialogue about the participant’s smoking and alcohol use. Incorporate discussion (and education) about how breastfeeding can be integrated into her lifestyle.
 - b. Under Breastfeeding women Interview
 - i. Breastfeeding Support, complete all the breastfeeding questions (1a. – 1f.) to help support her in her decision to breastfeed.
 - ii. Health/Medical, use the starters and prompts and information collected about her health and medical situation (i.e. 2e.) to help perform a complete breastfeeding assessment.
 - iii. Life Style and Social Environment, instigate dialogue to incorporate discussion (and education) about how breastfeeding can be integrated

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into her lifestyle and how she can tap into her social support and resources.

c. Under Infant Interview

- i. Nutrition Practices (Breastfeeding), complete all questions (1a.- 1m.) about breastfeeding to obtain a full assessment of the feeding status.
- ii. The infant and child breastfeeding description field and the baby received anything besides breast milk field must be completed. These fields must be updated when a change in the infant's breastfeeding pattern is identified.
- iii. The breastfeeding description describes the infant's feeding since birth to present. Use the breastfeeding definitions (next page) to complete the Breastfeeding Description.

Description	Definition
Exclusively Breastfeeding	Has been fed only human milk, vitamins, minerals, and/or medications.
Primarily Exclusive/No Formula Package	Has been fed something other than human milk, vitamins, minerals and/or medications on rare occasion or one time feeding of infant formula, human milk fortifier, cow's milk, juice, sugar water, water, rehydration solution, baby food, or anything else. This identifies an infant whose exclusively breastfeeding is interrupted because of special circumstances (e.g., acute illness, hospitalization, caregiver misinformation).
Primarily Exclusive/Complementary Foods	Has been fed any complementary foods (e.g. cereal, baby food, table foods) <u>in addition</u> to only being fed human milk, vitamins, minerals and/or medications. These foods are provided on a routine or ongoing basis regardless of the amount.*
Partially Breastfeeding	Breastfeeding and receiving formula (WIC or non WIC supplied formula). May also be fed complementary foods.
Breastfeeding Child	Greater than or equal to 12 months and continuing to breastfeed.
No Longer Breastfeeding	Was breastfeeding at some point in time but has now discontinued.
Never Breastfed	Was never breastfed.

*This description can only be used for infants aged four months or older. Younger infants, less than four months of age, being fed complementary foods and breast milk will be described as Partially Breastfeeding.

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- d. Use the list below on the conversion of months to weeks, when completing breastfeeding frequency fields.

To convert months to weeks:

1 month = 04 weeks	13 months = 56 weeks
2 months = 09 weeks	14 months = 61 weeks
3 months = 13 weeks	15 months = 65 weeks
4 months = 17 weeks	16 months = 69 weeks
5 months = 22 weeks	17 months = 74 weeks
6 months = 26 weeks	18 months = 78 weeks
7 months = 30 weeks	19 months = 82 weeks
8 months = 35 weeks	20 months = 87 weeks
9 months = 39 weeks	21 months = 91 weeks
10 months = 43 weeks	22 months+ = 96 weeks+
11 months = 48 weeks	
12 months = 52 weeks	

- e. The “Change BF Info” button is used when the infant changes from breastfeeding to not breastfeeding, or vice versa. This will change the type of feeding questions that are presented to the user in the Nutrition Practices portion of the Infant Interview.

WIC participants should receive the appropriate food benefits (food instruments) based on the breastfeeding description.

- I. Select the appropriate breastfeeding description based on the infant’s feeding since birth to present. The mother and infant food package issuance are linked to the infant’s breastfeeding description.
- Exclusively Breastfeeding* allows capturing of those who have been fed **only** human milk, vitamins, minerals, and/or medications.
 - Primarily Exclusive/No Formula Package* allows capturing those that on rare occasion, exclusive breastfeeding was interrupted. Both mother and infant may receive exclusive breastfeeding food packages (FIs).
 - Primarily Exclusive/Complementary Food* description allows for when food may be introduced even before the standard recommended six months. This may include a prescription by a physician i.e. due to reflux. The objective of this definition is to capture these infants as still or primarily exclusively breastfeeding. Both mother and infant may receive exclusive breastfeeding food packages (FIs).
 - Partially Breastfeeding* describes the infant who gets formula and may be receiving complementary foods.

In the situation when a mother and infant are certified as not breastfeeding and return at a subsequent visit as fully breastfeeding or partially breastfeeding (in-range), their status must be changed.

- I. When a mother and infant breastfeeding status has changed, or has been identified as incorrectly entered into VISION, use the “Change BF Info” button, following these steps:
 - a. If the same day, edit the infant’s nutrition interview and click on change bf info.
 - b. If a different day, create a new nutrition interview for the infant and change bf description field
- II. The display questions will change between Nutrition Practices (Not Breastfeeding) and Nutrition Practices (Breastfeeding).
- III. If the change occurs more than 30 days after a certification, a new certification is required.
- IV. To change the mother’s category to breastfeeding, the following steps need to be completed.
 - a. Access the Certification panel and terminate the mother’s certification as of today.
 - b. Access the Application panel and create a new application for the mother.
 - c. Access the Participant Category panel and create a new category record for the mother.
 - d. Access the Nutrition Interview panel and complete a new interview for the mother.
 - e. Access the Risk panel and reassess risk for the mother.
 - f. Access the Certification panel and select the Certify button.
- V. A complete assessment will ascertain if any mother’s milk is being fed to the infant.

Change of an infant’s and woman’s breastfeeding category description: Always complete the information for the infant first (except when terminating a breastfeeding status for a woman with an infant over 6 months of age; see #2 in the section below). Important data pertaining to the infant will be linked to the mother’s data.

The effective date of a woman’s food package also ties to the infant food package. If a change occurs in the infant’s food package or a milestone occurs that would affect the woman’s food package, a new record for the woman with an effective date for the month in which the change occurs should be created. Example: An infant is born 8/1/11 and receives 2 cans of formula for August; a postpartum package is appropriately assigned to his mother in August. In September and October, the infant continues to receive a 2 can package, but he’s now in the 1-3 month age range. In order for the computer to assign a pregnant/partially breastfeeding package to the mother, a new record must be created for her, with an effective date of September 1.

- I. To change an infant’s breastfeeding description from full to partial breastfeeding or not breastfeeding when the infant is less than 6 months of age:
 - a. Access the Nutrition Interview panel and create a new nutrition interview record.

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- b. Update the BF Description field in the Nutrition Practices section of the Nutrition Interview panel
 - c. Update all other applicable areas such as nutrition education, care plan and food packages
 - d. Refer the mother to a Peer Counselor and update the BF PC Documentation panel as necessary.
 - e. By changing the infant's breastfeeding description, the mother's category and certification end date will automatically update.
- II. To change an infant's breastfeeding category description from full to partial breastfeeding out-of-range or not breastfeeding when the infant is more than 6 months of age:
- Complete step 2] below first before changing the infant's breastfeeding description in order to ensure that the mother receives the appropriate 15-day package before terminating.**
- a. Access the Nutrition Interview panel and create a new nutrition interview record.
 - b. Update the BF Description field in the Nutrition Practices section of the Nutrition Interview panel with applicable information
 - c. Update all other applicable areas such as nutrition education, care plan and food packages
 - d. Refer the mother to a Peer Counselor and update the BF PC Documentation panel as necessary.
 - e. If the infant is over 6 months of age and breastfeeding description has changed to 'no longer breastfeeding', the mother's category will not automatically update. Complete step.2] below before changing the mother's category in the "Participant Category" panel to "Not Breastfeeding."
 - f. The future termination date and reason will automatically populate in the Certification/Termination panel.
- III. Pregnant to Breastfeeding or Not Breastfeeding/Postpartum and vice versa:
- a. Access the Certification panel and terminate the participant's certification with a certification end date of today's date.
 - b. Access the Application panel and create a new application for the participant.
 - c. Access the Participant Category panel and create a new category record for the participant

Important Note: For New Pregnancies add a new application before selecting the category.

2]. Terminating Breastfeeding Status for a Woman with an Infant > 6 Months

- I. Access the Food Package panel for the mom, create a New food package record and select one of the following model food packages that is most appropriate according to the mom's breastfeeding category: "15 day FBF Pkg – Postpartum Women w/Infant > 6 mos" or "15 day Part BF – Postpartum Women w/Infant > 6 mos".
 - a. These model food packages contain low fat cow's milk, canned beans, and all other appropriate foods for the particular category and are set-up to reflect the amount of foods contained in a 1/3 food package. If tailoring of these packages is required, the tailored foods will need to be manually calculated to a 1/3 food package amount. This amount should be same in the Full, 2/3, and 1/3 food package grids.
 - b. Select one month next to FB Issuance in Food Package panel and print.
 - c. Open infant interview, change breastfeeding description.
 - d. Assign and print infant food package.
- II. When issuing a 15 day package for a woman terminating, that has already been issued future months checks, void those future months' checks and select the 15 day package. Next to FB Issuance, select "one month". Under Food Benefits, de-select check marks for all checks in future months' packages (so they do not get printed). Print before making changes to the infant's package.

3]. Breastfeeding Peer Counselor Program

The Breastfeeding Peer Counselor Program will be managed, and Peer Counselors will be assigned to pregnant and breastfeeding women using the appropriate panels and screens.

- I. Participants may be assigned to breastfeeding Peer Counselors by Breastfeeding Peer Counselor Supervisors, Breastfeeding Coordinators or other locally designated staff.
- II. **To add a Peer Counselor**, call the Help Desk to add a new staff person as a Peer Counselor. Once this has been done, under System Administration, Clinic Services Administration, BF PC Setup – select the correct Peer Counselor under the User's Name from the drop down list. Select "New" and enter in all applicable information and save.
- III. Peer Counselors will be assigned to participants:

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- a. In the Nutrition Interview, selecting “yes” to question 4f. for Pregnant woman (under the BF Preparation) and 1g. for Breastfeeding women (under Breastfeeding Support)
- b. In the Family panel, selecting the appropriate Peer Counselor in the drop down list under BFPC (located under Family Data)
- IV. BF PC Caseload panel may also be used by the managing staff to search a Peer Counselor’s caseload by using any of the display search criteria. With more criteria search fields are completed, display results will be more defined. The search criteria can be narrowed by selecting Pregnant or Breastfeeding Categories or other check boxes.
- V. BF PC Assignment panel may also be used to search for participants that have either not been assigned or have been assigned a BF Peer Counselor. The primary function of this function is to identify participants that have not yet been assigned a Peer Counselor, or have indicated that they have an interest to be contacted by one. The search criteria can be narrowed by selecting Pregnant or Breastfeeding Categories, Peer Counselor name or participant name.
- VI. Peer Counselors, which have access to the Vision system, may document participant contacts under the BF PC Documentation screen. Other staff (non BF Peer Counselors) should not complete documentation here. The following information is to be documented:
 - a. Contact date (this is today's date which is the record date a contact was made), Peer Counselor name, type of contact, prenatal and postpartum topics, narrative notes documenting the contact, next contact date (this is a future date when a contact is being planned and not a required field), and date exited BF PC Program (this is today's date and the date the participant states she is no longer breastfeeding and no longer needs a Peer Counselor contact) if applicable.
 - i. Peer Counselors have access to the following panels:
 - 1. BF PC Documentation
 - 2. Family
 - 3. Care Plan Participant
 - 4. Comments/Alerts
 - ii. Peer Counselors have read only access to the following panels:
 - 1. Assessment
 - 2. Nutrition Education
 - 3. BF Equipment
 - 4. Identity
 - 5. Referrals
 - 6. BF PC Caseload
 - 7. BF PC Assignment
 - 8. Contact Address

4]. Breastfeeding Equipment Inventory and Issuance

Non-Serialized Inventory – set up:

Under Operations, Non-Serialized Inventory, Level, filter by category for drop down selections of Breast Pump Kits and Supplies and Single User Breast Pumps. Non serialized items are listed here. Items must be selected by a “check” mark under “carry” for the items to be displayed for issuance to participants. Remove the “check” mark under carry to prevent display.

Non-Serialized items will only document under the individual participant record and will not be deducted from the total clinic inventory. At the current time, non-serialized items will not be ordered and inventoried through this process. Maintain the current system for ordering through the state office.

Serialized Inventory:

Under Operations, Serialized Inventory, filter by category for drop down of Breastpump Equipment. All serialized pumps will be displayed. Use filter by type to display specific lists of different breast pumps. Clinic’s serialized inventory has been entered into the system for clinics to loan out to participants. These items will be tied to the participant file and will be deducted from the electronic inventory and thus will not be available for issuance to another participant until it is documented as returned.

The Breastfeeding Equipment Due report (found under Vision Reports, Clinic Services Reports, Breastfeeding Reports) displays the serialized equipment issued to participants. This report may be helpful in verifying your inventories (confirm that the participant has recently been contacted and has the pump).

Issuance:

Issuance of all items, Breast Pump Kits and Supplies, Single User Breast Pumps, Electric Breast Pumps and Pedal Pumps will be issued to participants under Clinic Services, *Education and Care, BF Equipment*. For Serialized and/or non serialized issuance, complete all applicable fields in the screen, provide the Breast Pump / Aid Loan Agreement Form, and obtain an electronic signature upon their reading and understanding the form.

- Contact/Return Date may be used to reflect either the next proposed contact call date, or the proposed pump return date. Clinics may use this field as best suited for their environment. If agencies use this field as a contact date for counseling, it is recommended to update the field with future dates.
- Under Documentation, Contact 1,2, & 3 fields are to record the responsible parties that can be contacted for follow up counseling and calls for electric breast pumps (as an alternative contact if the participant’s contact information changes). One contact is required. Include all necessary information such as name, phone(s), email, address.

- Documentation of the reason for issuance of an aid should be recorded in the participant's care plan.
- Documentation of electric breast pump calls should be recorded in the participant's care plan.
- In the Family Screen, a "BP" will be displayed as an alert to indicate that participant has been issued a breast pump. If the pump is not returned by the Contact/Return Date entered on the participant's BF Equipment screen, this "BP" alert will turn red.

Serialized Equipment Returns:

To document returned electric breast pumps (under Breastfeeding Equipment) scroll down to the Serialized Inventory Item Disposition section, and complete reason and date fields. For participants that have pumps and have been transferred between clinics or agencies, pumps are associated with the participant's file and can still be documented when returned. These serialized pumps are still in the original clinics inventory and now available for issuance. Contact the state office for any serialized pump inventory changes or for lost, stolen or damaged pumps.

Ordering Supplies:

The Breastfeeding Equipment Issued report (found under Vision Reports, Clinic Services Reports, Breastfeeding Reports) displays the total number of equipment issued to participants. This report may be helpful in determining your utilization rate and for projecting supply orders through the state office.

Following BF Participant Issued Serialized Breast Pumps:

Electric Breast Pump Follow Up Calls:

The Breastfeeding Equipment Due report may be used for making follow up counseling calls to women who have been issued serialized breastfeeding equipment. Note, this will change daily due to new issuances.

Breastfeeding Equipment Due Report:

- Report is found under Reports, Clinic Services Reports
- Select "view report" in the upper right hand corner. Participants will be listed with their respective agency/clinic with their assigned serialized pumps.
- View or print the report as needed (i.e. daily or weekly) to follow all issuances and therefore not miss any participants with new issuances.
- Documentation should be entered in the participant's care plan (under Education and Care, Care Plan – Participant).

- Report defaults to the “home phone number” under the family screen. Enter in participant’s primary number (i.e. cell number) under home phone number in order for the report to list phone number for making calls.
- Hard copy documentation (i.e. BF log book) is not necessary to maintain.

5j]. Breastfeeding Reports

Breastfeeding reports are available. Breastfeeding reports may be used by the Breastfeeding Coordinator or other staff to identify clinic specific information and trends. The following reports are available:

- I. BF PC Contacts Detail by Topic
- II. BF PC Contacts Summary Reports
- III. Breastfeeding Equipment Due
- IV. Breastfeeding Equipment Issued
- V. Breastfeeding Prevalence Report
- VI. BF Duration by BF PC Contacts
- VII. Breastfeeding Prevalence with BF PC Contacts Report
- VIII. Breastfeeding Prevalence by Equipment Issuance
- IX. Breastfeeding Prevalence by Maternal Characteristics
- X. Exclusively Breastfeeding and Formula Issuance Report
- XI. Formula First Introduced Report
- XII. Reason Ceased Breastfeeding Report

APPENDIX

VISION FOOD PACKAGE QUICK GUIDE

1. **To Add a Food Item:**

- To add a food item to a package, select the “Add Food” button and a blank row will appear in the food package grid.
- Select the “Category” from the drop down list by double clicking in the blank area in the “Category” column.
- Select the “Item Description” from the drop down list by double clicking in the blank area in the “Item Description” column.
- Spread the foods across the FIs to equal the appropriate quantity. FI 1 will always have the Cash Value Voucher on it and so no other foods may be placed on FI 1.
- Select the appropriate item from the drop down list in the “Month” column by double clicking in the blank area in the column. All = food given in all months. Odd/Even = the food will only be given in the odd or even months.

2. **To Remove a Food Item:**

- Select the food item to be removed. The row will highlight where clicked.
- Select the “Remove Food” button
- A Delete Confirmation warning message will be displayed. Select “Yes.”
- The food item is removed.

3. **To Add an FI:**

- Select anywhere within the food package grid.
- Select the “Add FI” button. An FI will appear as the last FI.

4. **To Remove an FI:**

- Select anywhere within the FI column to be removed.
- Select the “Remove FI” button. The FI will be removed.

Note: FIs may need to be added if an item such as formula needs to be added to a package. Formula may not be placed on FI 1 nor any other FI with non-formula foods.

5. Adding Cheese and Decreasing Milk: Anytime cheese is added to a food package, 3 quarts of milk must be substituted for each pound of cheese added. Up to 1 pound of cheese may be substituted for milk without a medical prescription in the Child package and in all packages for women except the Fully Breastfeeding package. Up to 2 pounds of cheese may be substituted for milk without a medical prescription for the Fully Breastfeeding package. A medical prescription is required for substituting cheese in excess of these amounts. The medical prescription information needs to be documented in the “Documentation” link on the food package screen or panel.

In the VISION system, the full, 2/3, and 1/3 amounts of milk must be calculated manually when cheese is added. The chart below provides a quick reference for the appropriate amounts of milk for various cheese substitutions.

	+ 1 lb Cheese	+ 2 lb cheese	+ 3 lb cheese
Child/Postpartum	3 gal + 1 qt	2 gal + ½ gal	1 gal + ½ gal + 1 qt
2/3	2 gal + 1 qt	1 gal + ½ gal + 1 qt	1 gal + 1 qt
1/3	1 gal	½ gal + 1 qt	½ gal
Pregnant/Part BF	4 gal + ½ gal + 1 qt	4 gal	3 gal + 1 qt
2/3	3 gal + 1 qt	2 gal + ½ gal + 1 qt	2 gal + 1 qt
1/3	1 gal + ½ gal	1 gal + 1 qt	1 gal
Fully Breastfeeding	5 gal + 1 qt	4 gal + ½ gal	3 gal + ½ gal + 1 qt
2/3	3 gal + ½ gal	3 gal	2 gal + ½ gal
1/3	1 gal + ½ gal + 1 qt	1 gal + ½ gal	1 gal + 1 qt
Fully BF Multiples	8 gal + 1 qt	7 gal + ½ gal	6 gal + ½ gal + 1 qt
2/3	5 gal + ½ gal	5 gal	4 gal + ½ gal
1/3	2 gal + ½ gal + 1 qt	2 gal + ½ gal	2 gal + 1 qt

- Select a model food package that resembles what the participant needs.
- Add cheese by selecting the “Add Food” button and follow the process described above to add a food item.
- Change the quantity of milk as reflected in the table below. In most cases, a quart or half gallon will need to be added.
- Change the quantity of milk for both the 2/3 and 1/3 packages by selecting the 2/3 or 1/3 radio button and edit accordingly.

Note: Foods can only be added or removed within a full package. Foods added or removed will automatically be added or removed within the 2/3 and 1/3 food package grids. When substituting cheese for milk, certain milk containers may be applicable to the full package but not the prorated packages and vice versa. The additional milk container needed will have to be added to the full package and marked with a “0” as the item quantity in the grids in which that container does not apply. When marked as zero, the item will not print on checks. If marking an item as zero, it cannot be the only item on an FI or this function will not work.

- For example, when adding one pound of cheese to a child package, the cheese is added to the full package which is automatically populated into the 2/3 and 1/3 food package grids. The full quantity of milk, which is 4 gallons, must be reduced by 3 quarts. This is done by reducing the 4 gallons of milk to 3 gallons and adding 1 quart of milk to equal 3 gals + 1 qt. The quart must be added within the full food package grid which will automatically populate into the 2/3 and 1/3 food package grids. The quart does not apply in the 1/3 food package grid and so the item quantity must be set to zero within that particular grid.

Note: In order to set the item quantity to zero, the item cannot be the only item on an FI. In the above example, if the quart were the only item on an FI, remove the FI with the quart. If the quart is not the only item on the FI, then simply set the quantity of the quart to zero.

Note: See a step-by-step instruction on adding cheese and decreasing milk at the end of this guide.

6. **Void and Issuance:** There is no void and reissuance of checks similar to WICNU in the VISION system. Each check must be voided separately with the proper void code. Then the clinic staff must select a new model food package and print the appropriate checks.

7. Returned Formula and FIs

- In the Returned Formula Panel, select correct participant and add a row
- Select formula and enter number of can(s) returned
- In the Food Benefits Panel, void non-redeemed FIs for current and future issuance periods as "In Hand".
- In the Food Package Panel, select "New" and a new formula food package for the current issuance period.
- Adjust formula amount for the newly selected food package based on the amount of reconstituted ounces of formula returned.
 - The adjusted food package to compensate for returned formula must be issued for one month only and separate from future month packages. If the participant has future month food packages that need to be replaced due to a change in formula, those packages must be assigned and issued separately from the formula package being issued to compensate the returned formula.
 - If the returned formula package was originally issued from a Full package, then the formula adjustments must be made within the Full food package grid. If the returned formula package was originally issued from a 2/3 or 1/3 package, then the adjustments must be made within the 2/3 or 1/3 food package grid, respectively.
- In the Food Benefits Panel, print FIs for the current FI issuance period

Note: When printing or reprinting a package, the package will print in the amount of the original package regardless of which time in the month it is.

8. **Spreading Items Across FIs:** When a food package is tailored by either adding an item or changing the quantity of an item, the system will not automatically distribute the added or changed item across FIs. This must be done manually. It is important to spread formula and food items across FIs as evenly as possible to avoid FIs with too many or too little food items for the purposes of client ease of use as well as for bank processing limitations. Formula may not be on an FI with any other food item. The formula FIs must be placed before FIs containing food items. The chart below provides guidance on the number of formula items to place per FI.

Formula	Do Not Exceed (items per FI)	Example
Powdered Formula: 12-16 oz can	3 cans	7 cans: 3 FIs (3,2,2)
Powdered Formula: 23-34 oz can	2 cans	4 cans: 2 FIs (2,2)
Concentrate: 13 oz size	11 cans	31 cans: 3 FIs (11,10,10)
Ready to Feed: 32 oz or 1 qt size	9 cans	26 cans: 3 FIs (9,9,8)
Special Formulas:		
Pediasure/Ensure: 6 8-oz bottles	6 6-packs	15 6-pks: 3 FIs (5,5,5)
Pregestimil: Powder	2 cans	7 cans: 4 FIs (2,2,2,1)

9. **Proration-** The system will automatically prorate a formula/food item when the item is *added* to a model food package. The system will not automatically prorate a formula/food item that *currently exists* in the model food package and the amount of that formula/food item is adjusted. It is important to check the 2/3 and 1/3 package grids when tailoring, particularly when increasing or decreasing formula, to ensure the amounts in those packages are correct and to make adjustments, if needed.

When replacing checks that are lost on the VISION system, the model food package will not prorate based on the date of reissuance. The VISION system will give the WIC client the originally issued food package replacement regardless of the date of reissuance. Do not manually prorate a lost check reissuance, but allow the WIC client to receive the originally issued food package when reissuing a check that has been reported lost (see section E.11).

If adjusting formula amounts based on returned formula and the returned formula package was originally issued from a Full package, then the formula adjustments must be made within the Full food package grid. If the returned formula package was originally issued from a 2/3 or 1/3 package, then the adjustments must be made within the 2/3 or 1/3 food package grid, respectively. The system will not automatically prorate the amounts in the 2/3 and 1/3 package grids if the Full package grid is the only grid in which adjustments are made (see section E.12 for further details).

10. **Partially Breastfed Infant Out-of-Range:** To issue a partially breastfeeding out-of-range package, select an appropriate partially breastfeeding package and then adjust the formula to the out-of-range amount needed. Follow the chart above in order to correctly distribute formula when adding additional formula.

11. **1 Can Formula in First Month:** To issue 1 can of formula to a partially breastfeeding infant in the first month of life, a partially breastfeeding formula package must be selected and tailored down to 1 can. There are no model food packages with a single can of formula. If the package is not tailored down to 1 can of formula for that first month, the mom will be recognized as breastfeeding out of range and she will receive a Postpartum package. When tailored down to 1 can, the mom will be

recognized as breastfeeding in range and she will receive a Partially Breastfeeding package.

12. **Converted Food Packages:** VISION will contain converted food packages from WICNU that have been issued for the current issuance period of the participant. Future month packages that have yet to be issued to the participant will not be converted. Converted food packages may not be printed or reprinted because the VISION system will not print the package correctly due to the nature of the conversion.

Printing a package for a month within the current issuance period due to loss, damage, theft or a food package change:

- The converted package must be voided and a new package must be selected from the Food Package screen.
- If a new food package needs to be issued in place of a converted package of a future month within the current issuance period of the participant, the effective date for the new package must be set to one day after the original issuance date. In most cases, this will be the second day of the month.
 - For example, a client has lost their checks for February that were printed through the WICNU system. The current date is January 15th. The checks for February will need to be voided before a new package may be selected. Since the effective date for the February checks will be February 1st, the effective date for the new package will need to be set to February 2nd in order to issue the new food package.
- If a new food package needs to be issued in place of a converted package for the current month within the current issuance period of the participant, the effective date for the new package will not need to be changed if the current date is after the first of the month.
 - For example, if a client needed January checks replaced and the current date was January 15th, the effective date would not have to be changed. The system will default the effective date to the current date of January 15th which is beyond the original effective date of January 1st for the converted package.

13. **Special Diet or Food Package III:** In order to issue a food package to a participant as part of Food Package III or for a participant receiving non contract formula, the “Special Diet” check box must be checked before selecting a model food package from the drop down list. Information for the Formula and Food Authorization Form must be documented by selecting on the Documentation link and filling out the appropriate information in the pop-up box. Tailoring documentation must also be provided in the comment box below the food package grid.

14. ***State Ordered Formula***

Issuing state ordered formula only:

- Select the “Special Diet” check box. Provide documentation information for the Formula and Food Authorization Form through the Documentation link as well as within the comment box below the food package grid.
- Select “State Ordered Formula” from the model food package drop down list. This food package is available in the Model Food Package drop down list after the “Special Diet” check box is selected. The Doc ID number that was assigned in the Documentation link needs to be selected from the Doc ID column in the food package grid in the row of the medical formula.
- Select “State Ordered Formula-Infant-Part BF,” “State Ordered Formula-Infant-Full Formula,” or “State Ordered Formula-Children and Women” from the Model Food Package drop down list according to the participant’s category and breastfeeding description. These food packages are available in the Model Food Package drop down list after the “Special Diet” check box is selected. The Doc ID number needs to be selected from the Doc ID column in the food package grid in the row of the medical formula.
 - If an infant is partially breastfeeding out-of-range and receiving state ordered formula, select “State Ordered Formula-Infant-Part BF” and change the quantity from “1” to “2.” This will move the infant out-of-range and allow the mom to receive a postpartum package if the infant is less than 6 months of age.
- The “Direct Ship” check box must be selected in the food package grid. This allows the VISION system to recognize that the participant is receiving a state ordered formula benefit without actually receiving checks. Once the package has been verified, the package must be printed. Actual checks will not print for this package because the “Direct Ship” check box was selected and will be registered into the system that benefits were issued. This process is similar selecting “T0000” in the WICNU system.

Issuing state ordered formula and complementary foods:

- Select the “Special Diet” check box. Provide documentation information for the Formula and Food Authorization Form through the Documentation link as well as within the comment box below the food package grid.
- Select an appropriate model food package with the desired complementary foods.
- State ordered formula does not need to be added to the food package grid because the system recognizes benefits are being issued through the printed food instruments. This process is similar to selecting a “T” package with complementary foods and ordering formula through the State office.

15. When to Terminate a Woman and Recertify:

- When changing from Fully Breastfeeding, Partially Breastfeeding, or Postpartum to Pregnant
- When changing from Pregnant to Fully Breastfeeding, Partially Breastfeeding, or Postpartum
- When changing from Not Breastfeeding to Breastfeeding
- When their full formula fed infant turns 6 months (*woman cannot be recertified*)

16. Terminating Breastfeeding Status for a Woman with an Infant > 6 Months:

- Access the Food Package panel for the mom, create a New food package record and select one of the following model food packages that is most appropriate according to the mom's breastfeeding category: "15 day FBF Pkg – Postpartum Women w/Infant > 6 mos" or "15 day Part BF – Postpartum Women w/Infant > 6 mos"
 - These model food packages contain low fat cow's milk, canned beans, and all other appropriate foods for the particular category and are set-up to reflect the amount of foods contained in a 1/3 food package. If tailoring of these packages is required, the tailored foods will need to be manually calculated to a 1/3 food package amount. This amount should be same in the Full, 2/3, and 1/3 food package grids.
- Select one month and print.
- Open infant interview, change breastfeeding description.
- Assign and print infant food package.

17. Milestones: If an infant or child does not reach a milestone by the first of the month, then they will continue to receive the same benefits until the next month.

- For example, an infant turns 4 months on March 3rd. Because they did not turn 4 months by March 1st, they will continue to have only the 0-3 mos infant food package options until April.

Note: Infants between 11-12 months will have both the infant and child food package options.

Issuing At The 6 Month Milestone: In VISION, due to the default to Auto-Update at 6 months of age, all 32 jars of baby food will be placed on one FI. To avoid this occurrence, follow the steps below.

1. In the month that the infant is to receive a 6 month food package, select "New" with an appropriate effective date.
2. Select an appropriate 6 – 11 month Model Food Package to ensure correct spreading of jars of baby food across FIs.

If a changed 4 – 5 month food package is assigned, then all jars of baby food will be placed on one FI which is inappropriate.

Issuing At The 6 Month Milestone For Fully Breastfeeding Or Prim/Exclu/No Food Package: In VISION, to enter food packages for future dates and before the infant's 6 month milestone, it is necessary to follow the steps below prior to assigning the infant's food packages.

- Open infant nutrition interview and change breastfeeding description to Prim/Excl/Comp Foods.
- VISION will require a response to the questions 1d and 1e.
- In anticipation of adding complementary foods at 6 months of age, answer "Yes" to 1d and 26 weeks to 1e.
- Assign appropriate food package and print.
- It is a best practice to review the infant nutrition interview at subsequent appointments and make edits, as necessary, to ensure accuracy of reporting these data to CDC.

Issuing A Food Package At The 24 Month Milestone: If a food package for a 1-2 year old is selected containing cheese or a milk other than cow's milk (lactose-free, goat's milk, etc) during the issuance period the child turns two years of age, the system does not have the capability to automatically update the package to a 2-5 year package correctly. If a food package containing cheese or a milk type other than cow's milk is needed during this milestone change, it is necessary to follow the steps below to assign the correct food package for when the child turns two.

- When assigning a 1-2 year old package, select the "Do Not Auto-Update" check box. The assigned package will be available to the participant for those months during the issuance period that the child is 1 year.
- In the month that the child is to receive a 2-5 year food package, select "New" with an appropriate effective date.
- Select the appropriate 2-5 year food package. The correct package will be available to print.

General Guidelines

- Most of the Child packages and Postpartum Woman packages are alternating canned beans or dry beans with peanut butter.
- **Always complete the information for the infant first, especially the nutrition interview. Important data pertaining to the infant will tie into the mother's data.**
- Spread food items across FIs evenly where possible. Be sure to add food items to FIs with less food items rather the FIs with many food items.
- The Cash Value Voucher should always be FI 1 and no other food items may be added to FI 1.
- Once tailoring is complete, the food package will need to be verified by selecting the "Verify" button. If the package verifies, "Verified" will appear above the button

in green. If the package does not verify, "Unverified" will appear above the button in red and the reasons why the package did not verify will appear in the alerts section at the bottom of the screen.

ADDING CHEESE AND DECREASING MILK

1. Select a model food package with the most appropriate complementary foods for the participant. In this example, a Child food package will be used. To add cheese, select "Add Food" and then select Cheese under the Category column and 16-oz Private Label Cheese under the Item Description column by double clicking in the blank box under each category. Put the quantity of cheese on an FI, preferably an FI with the least amount of items (*Remember, the CVV is always on FI 1 and must remain the sole item on that FI). Select "All" for the month and tab out.

Note: Food items may only be added in the Full package grid. Foods added will auto populate into the 2/3 and 1/3 packages

VISION (Joanna thresher 90 - 29001 Connected)

File Edit Printouts View Help

Family ID: 1000500193 Endorser: Annie Smith LA/Clinic: 90 - 29001 Provo

Clinic Services

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 - Care Plan - Family
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- Foods
 - Food Package
 - Feasance Summary

Participant: Andy Smith

Category: Child (Male) BW

Date of Birth: 04/09/2009 (1 y 10 m) WIC Status: Active Cert. End: 07/2011 Last FB:

Food Package

Effective Date: 02/16/2011 1 of 1 New Edit Delete

End Date: Do Not Auto-Update ☐

Unverified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) Documentation

Verify Self-Reported ☐ Details

Copy Model Food Package: 1-2 yr Child Canned Beans/PB

View Full ☒ 2/3 ☐ 1/3 *FB Issuance 3 Months 1st Day: 1

Food Package Name: Tailored 1-2 yr Child Canned Beans/PB

Category	Item Description	FI1	FI2	FI3	FI4	Month	Total	Doc ID	Direct
06 Legumes	(18-OZ) PRIVATE LABEL PEANUT BU...	1				Odd	1		<input type="checkbox"/>
16 Grains	(14-16-OZ) AUTHORIZED BREAD OR...		1	1		All	2		<input type="checkbox"/>
19 Fruits and Veget...	****MAXIMUM VALUE \$6.00****	1				All	1		<input type="checkbox"/>
51 Milk - Whole	(GALLON) PRIVATE LABEL WHOLE F...	2	1	1		All	4		<input type="checkbox"/>
54 Juice - 64 oz	(64-OZ) AUTHORIZED FULL STRENG...		1	1		All	2		<input type="checkbox"/>
02 Cheese	(16-OZ) PRIVATE LABEL CHEESE -B...			1		All	1		<input type="checkbox"/>

Comments

2. Decrease the milk by 3 quarts (refer to the chart in the Quick Guide or in Section H of the Pilot P&P for the exact milk adjustment quantities for each category). In this example, the full quantity of milk is 4 gallons which needs to be adjusted to 3 gallons + 1 qt. It is best to decrease by 1 gallon and then add 1 qt. To decrease by 1 gallon, double click on the number 2 on the row with the gallons of milk and change to 1. Add 1 quart by selecting "Add Food" and then select the milk type under the Category column and the appropriate quart under the Item Description column (make sure the correct milk type is selected for the quart as there are several different quart options in the drop-down list). Select "All" for the month and tab out.

VISION (Joanna thresher 90 - 29001 Connected)

File Edit Printouts View Help

Family ID: 1000500193 Endorser: Annie Smith LA/Clinic: 90 - 29001 Provo

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 - BF PC Documentation
 - Anthropometrics
 - Blood
 - Nutrition Interview
 - Risk
- Certification/Termination
 - Certification
- Education and Care
 - Nutrition Education
 - Care Plan - Participant
 - Care Plan - Family

Participant Andy Smith 2 of 2

Category: Child (Male) **BW**

Date of Birth: 04/09/2009 (1 y 10 m) **WIC Status:** Active **Cert. End:** 07/2011 **Last FB:**

Food Package

Effective Date 02/16/2011 1 of 1 New Edit Delete

End Date: Do Not Auto-Update ☐

Unverified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Self-Reported ☐ Details

Model Food Package 1-2 yr Child Canned Beans/PB

View ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance 3 Months 1st Day: 1

Food Package Name: Tailored 1-2 yr Child Canned Beans/PB

Food Package

Category	Item Description	FI1	FI2	FI3	FI4	Month	Total	Doc ID	Direct
16 Grains	(14-16-OZ) AUTHORIZED BREAD OR...		1	1		All	2		<input type="checkbox"/>
19 Fruits and Veget...	****MAXIMUM VALUE \$6.00****					All	1		<input type="checkbox"/>
51 Milk - Whole	(GALLON) PRIVATE LABEL WHOLE F...	1	1	1		All	3		<input type="checkbox"/>
54 Juice - 64 oz	(64-OZ) AUTHORIZED FULL STRENG...			1	1	All	2		<input type="checkbox"/>
02 Cheese	(16-OZ) PRIVATE LABEL CHEESE -B...				1	All	1		<input type="checkbox"/>
51 Milk - Whole	(QUART) PRIVATE LABEL WHOLE FA...			1		All	1		<input type="checkbox"/>

Comments

3. The 2/3 and 1/3 package will not automatically adjust the milk to compensate for the cheese and so they must be manually adjusted. The 2/3 and 1/3 packages must be adjusted in order for the package to verify, regardless if only a Full package is needed. To adjust the 2/3 package, click on the 2/3 radio button above the food package grid. According to the milk chart in the Quick Reference and in the Pilot P&P, the milk adjustment for the 2/3 package for a Child is 2 gallons + 1 qt. The 2/3 amount of milk in this package is 3 gallons + 1 qt (the quart was automatically added to the 2/3 package when it was added to the Full

package). Decrease the 3 gallons of milk to 2 gallons of milk by double clicking on the number 2 on the row with the gallons of milk and change to 1.

VISION (Joanna thresher 90 - 29001 Connected)

File Edit Printouts View Help

Family ID: 1000500193 Endorser: Annie Smith LA/Clinic: 90 - 29001 Provo

Participant: Andy Smith

Category: Child (Male) BW

Date of Birth: 04/09/2009 (1 y 10 m) WIC Status: Active Cert. End: 07/2011 Last FB:

Food Package

Effective Date: 02/16/2011 1 of 1 New Edit Delete

End Date: Do Not Auto-Update

Unverified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package: 1-2 yr Child, Canned Beans/PB

View Full 2/3 1/3 FB Issuance: 3 Months 1st Day: 1

Food Package Name: Tailored 1-2 yr Child Canned Beans/PB

Category	Item Description	FI1	FI2	FI3	FI4	Month	Total	Doc ID	Direct
16 Grains	(14-16-OZ) AUTHORIZED BREAD OR...			2		All	2		<input type="checkbox"/>
19 Fruits and Veget...	****MAXIMUM VALUE \$6.00****	1				All	1		<input type="checkbox"/>
51 Milk - Whole	(GALLON) PRIVATE LABEL WHOLE F...		1	1		All	2		<input type="checkbox"/>
54 Juice - 64 oz	(64-OZ) AUTHORIZED FULL STRENG...				1	All	1		<input type="checkbox"/>
02 Cheese	(16-OZ) PRIVATE LABEL CHEESE -B...				1	All	1		<input type="checkbox"/>
51 Milk - Whole	(QUART) PRIVATE LABEL WHOLE FA...			1		All	1		<input type="checkbox"/>

Comments

- To adjust the 1/3 package, click on the 1/3 radio button above the food package grid. According to the milk chart in the Quick Reference and in the Pilot P&P, the milk adjustment for the 1/3 package for a Child is 1 gallon. The 1/3 amount of milk in this package is 1 gallon + 1 qt (the quart was automatically added to the 1/3 package when it was added to the Full package). The quart does not apply in the 1/3 package and must be set to 0. To change the quantity to 0, simply double click on the 1 in the

row of the quart of milk and change to 0. If the quart were the only item on the FI, it cannot be set to zero because the system will not allow a blank FI. In this case, simply remove the FI by selecting the FI with the quart and clicking on the Remove FI button.

VISION (Joanna thresher 90 - 29001 Connected)

File Edit Printouts View Help

Family ID: 1000500193 Endorser: Annie Smith LA/Clinic: 90 - 29001 Provo

Participant: Andy Smith 2 of 2

Category: Child (Male) BW
Date of Birth: 04/09/2009 (1 y 10 m) WIC Status: Active Cert. End: 07/2011 Last FB:

Food Package

Effective Date: 02/16/2011 1 of 1 New Edit Delete

End Date: Do Not Auto-Update ☐

Unverified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) Documentation
Self-Reported ☐ Details

Verify Copy

Model Food Package: 1-2 yr Child Canned Beans/PB View Full 2/3 1/3 FB Issuance: 3 Months 1st Day: 1

Food Package Name: Tailored 1-2 yr Child Canned Beans/PB

Category	Item Description	F11	F12	F13	F14	Month	Total	Doc ID	Direct
16 Grains	(14-16-OZ) AUTHORIZED BREAD OR...			2		All	2		<input type="checkbox"/>
19 Fruits and Veget...	*****MAXIMUM VALUE \$6.00*****	1				All	1		<input type="checkbox"/>
51 Milk - Whole	(GALLON) PRIVATE LABEL WHOLE F...		1			All	1		<input type="checkbox"/>
54 Juice - 64 oz	(64-OZ) AUTHORIZED FULL STRENG...			1		All	1		<input type="checkbox"/>
02 Cheese	(16-OZ) PRIVATE LABEL CHEESE -B...				1	All	1		<input type="checkbox"/>
51 Milk - Whole	(QUART) PRIVATE LABEL WHOLE FA...					All	0		<input type="checkbox"/>

Comments

- Once the milk adjustments have been made, the package must be verified. Select the Full radio button and click the Verify button. If the package verifies, it will show green Verified text and the package may be issued on the Food Benefits screen. If

the package does not verify, it will show red Unverified text and an error message will appear at the bottom of the screen in the alerts box indicating why the package did not verify.

VISION (Joanna thresher 90 - 29001 Connected)

File Edit Printouts View Help

Family ID: 1000500193 Endorser: Annie Smith LA/Clinic: 90 - 29001 Provo

Clinic Services

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 - Certification
- Education and Care
 - Nutrition Education
 - Care Plan - Participant
 - Care Plan - Family

Participant Andy Smith 2 of 2

Category: Child (Male) **WIC Status:** Active **Cert. End:** 07/2011 **Last FB:**

Date of Birth: 04/09/2009 (1 y 10 m)

Food Package

Effective Date: 02/16/2011 1 of 1 New Edit Delete

End Date: Do Not Auto-Update ☐

Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Self-Reported ☐ Details

Model Food Package: 1-2 yr Child Canned Beans/PB

View: ☒ Full ☐ 2/3 ☐ 1/3 ***FB Issuance:** 3 Months **1st Day:** 1

Food Package Name: Tailored 1-2 yr Child Canned Beans/PB

Food Package

Category	Item Description	F11	F12	F13	F14	Month	Total	Doc ID	Direct
03 Eggs	(DOZEN) PRIVATE LABEL MEDIUM E...			1		All	1		<input type="checkbox"/>
05 Cereal (Adult)	(OUNCES OR LESS) OF WIC APPROV...		36			All	36		<input type="checkbox"/>
06 Legumes	(16-OZ) APPROVED CANNED BEANS/...		4			Even	4		<input type="checkbox"/>
06 Legumes	(18-OZ) PRIVATE LABEL PEANUT BU...		1			Odd	1		<input type="checkbox"/>
16 Grains	(14-16-OZ) AUTHORIZED BREAD OR...			1	1	All	2		<input type="checkbox"/>
19 Fruits and Veget...	****MAXIMUM VALUE \$6.00****	1				All	1		<input type="checkbox"/>

Comments

Nutrition Risk Factors That Will Automatically Assign a High Risk Flag

100 Series

103 B: Underweight Infant or Child (Infants and Children)

131: Low Maternal Weight Gain (Pregnant Women)

132: Maternal Weight Loss (Pregnant Women)

133: High Maternal Weight Gain (Pregnant Women)

134: FTT (Infants and Children)

135: Inadequate Growth (Infants and Children)

141 A: LBW (Infants)

141 B: VLBW (Infants)

142: Prematurity (Infants)

151: Small for Gestational Age (Infants)

152: Low OFC (Infants)

300 Series

301: Hyperemesis Gravidarum (Pregnant Women)

302: Gestational Diabetes (Pregnant Women)

331 A: Pregnant at a young age < 16 years (Pregnant Women)

335: Multifetal Gestation (Pregnant and Breastfeeding Women)

336: Fetal Growth Restriction (Pregnant Women)

341: Nutrient Deficiency Diseases (All categories)

342: Gastrointestinal Disorders (All categories)

343: Diabetes (All categories)

346: Renal Disease (All categories)

347: Cancer (All categories)

351: Inborn Errors of Metabolism (All categories)

358: Eating Disorders (Pregnant and Breastfeeding Women)

372 A: Alcohol and Binge Drinking (Pregnant Women)

372 B: Illegal Drug Use (Pregnant Women)

382: Fetal Alcohol Syndrome (Infants and Children)

600 Series

]602 A: Severe breast engorgement (Breastfeeding Women)

602 B: Recurrent plugged ducts (Breastfeeding Women)

602 C: Mastitis (Breastfeeding Women)

602 D: Flat or inverted nipples causing difficulty (Breastfeeding Women)

602 E: Cracked, bleeding or severely sore nipples (Breastfeeding Women)

602 F: Breastfeeding woman whose age is > or equal to 40 years (Breastfeeding Women)

602 G: Failure of milk to come in by 4 days postpartum (Breastfeeding Women)

602 H: Tandem nursing (Breastfeeding Women)

603 A: Jaundice (Infants)

603 B: Weak or ineffective suck (Infants)

603 C: Difficulty latching to mother's breast (Infants)

603 D: Inadequate stooling for age and/or < 6 wet (Infants)

Prenatal Weight Gain Chart Not Available

Check the date of the 'Participant Category' and make sure it is for the current pregnancy.

- If the 'Participant Category' date is not for this pregnancy:
 - Create a new record for the 'Participant Category' using today's date.
 - Check the 'Anthropometrics' date to see if it is the same date as today's date
 - If it is not, then add a new Anthro record using the certification data.
- If the 'Participant Category' date is for this pregnancy:
 - Check to see if the 'Participant Category' date is newer than the 'Anthropometrics' date:
 - If it is then add a new Anthro record using the certification data.

The 'Participant Category' date must be for the current pregnancy and the 'Anthropometrics' record date must be newer or equal to the same date as the 'Participant Category' date.

If the dates are all correct and you still cannot get access to the 'Prenatal Weight Gain' chart call the Help Desk.



PRINTER LOG

MICR Printer Name/Number: _____

Date	Beginning Check Stock Inventory Number	Ending Check Stock Inventory Number

Each MICR Printer must have a separate log. Completed logs must be retained on file.



Security Access for VISION

Name of employee _____

Clinic(s) where employee will be working _____

Employee's title _____

- ☐ Is this a new employee?
- ☐ Has the employee changed their name? Previous name _____
- ☐ Has the employee terminated?
- ☐ Does the employee's security access need to be changed?

If the employee is new or needs to change access to VISION, please check the appropriate boxes for access.

- ☐ Intake
- ☐ Assessment
- ☐ Print vouchers
- ☐ Inventory control (ordering pamphlets or check stock and track breast pumps)
- ☐ Create master schedules
- ☐ Clinic Office Supervisor
- ☐ Clinic director, lead, or supervisor
- ☐ Access reports for clinic

If the employee must have intake, assessment and print vouchers, the access for all three must be approved by the State WIC Director and the approval must be attached to this form.

Date _____

Signature _____
Agency Director or Clinic Lead/Supervisor